#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,121

01/17/03

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MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH GRA	- ТИ	AGED	AID CODE	1.0			,, -
THIOLIC COUNTY	DOIMING OF DER	VIOLO I OIL OILOII OIL	1111	11022	1110 0000		NTHLY AVERA	GE	
8,699 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
o, ogg Enigibles	OSEKS	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY		USER		ELIGIBLE
SHOWNI NII DDOMIDEDC	6,223		\$	2 244 100 00	\$ 11.86	22.729			269.48
@TOTAL, ALL PROVIDERS		197,718		2,344,190.98		.312	\$ 3/6./0		
@PHYSICIANS SERVICES	1,140	2,715	\$	55,751.60	\$ 20.53			Þ	6.41
OUTPATIENT VISITS	108	156		5,097.35	32.68	.018	47.20		.59
OFFICE VISITS	101	147		4,367.25	29.71	.017	43.24		.50
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8	9		730.10	81.12	.001	91.26		.08
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	10	25		1,173.29	46.93	.003	117.33		.13
HOSPITAL VISITS	9	24		1,119.21	46.63	.003	124.36		.13
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		54.08	54.08	.000	54.08		.01
OPHTHALMOLOGICAL SERVICES	9	11		498.85	45.35	.001	55.43		.06
EXAMINATIONS	9	11		498.85	45.35	.001	55.43		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	39		2,862.79	73.40	.004	715.70		.33
PRINCIPAL SURGEON	3	4		1,946.82	486.71	.000	648.94		.22
	0	0		•	.00	.000	.00		.00
ASSISTANT SURGEON				.00					
ANESTHESIOLOGIST	2 11	35		915.97	26.17	.004	457.99		.11
OUTPATIENT SURGERY		20		2,581.03	129.05	.002	234.64		.30
PRINCIPAL SURGEON	10	13		2,343.70	180.28	.001	234.37		.27
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	7		237.33	33.90	.001	118.67		.03
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	19	25		289.14	11.57	.003	15.22		.03
RADIOLOGY	32	53		3,515.15	66.32	.006	109.85		.40
PSYCHIATRY	2	4		145.72	36.43	.000	72.86		.02
IMMUNIZATION AND INJECTION	11	22		171.75	7.81	.003	15.61		.02
OTHER SERVICES/ALL X-OVERS	1,024	2,360		39,416.53	16.70	.271	38.49		4.53
@PHARMACY	5,547	42,559	\$	1,164,706.30	\$ 27.37	4.892		\$	133.89
PRESCRIPTION DRUGS	5,470	20,189	'	1,129,538.38	55.95	2.321	206.50		129.85
SNF/ICF	198	1,176		54,192.68	46.08	.135	273.70		6.23
OUTPATIENTS	5,300	19,013		1,075,345.70	56.56	2.186	202.90		123.62
MEDICAL SUPPLIES	411	22,370		35,167.92	1.57	2.572	85.57		4.04
@DENTIST	368	1,360	\$	62,828.82	\$ 46.20	.156		Ċ	7.22
VISITS - DIAGNOSTIC	241	819	۲	11,279.96	13.77	.094	46.80	ې	1.30
	51	128		•					
ORAL SURGERY				6,240.36	48.75	.015	122.36		.72
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	2 15	2		200.00	100.00	.000	100.00		.02
PERIODONTICS		16		2,420.00	151.25	.002	161.33		.28
ENDODONTICS	10	13		3,245.00	249.62	.001	324.50		.37
RESTORATIVE DENTISTRY	83	186		14,467.00	77.78	.021	174.30		1.66
PROSTHETICS	6	6		110.00	18.33	.001	18.33		.01
DENTURES, STAYPLATES	75	179		24,866.50	138.92	.021	331.55		2.86
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

MOPU24	FEE-FOR-SERVIC										01/1//03
PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH (GRANT	- AGED		AID CODE	10				
							M	ONT	HLY AVERA	GE ·	
8,699 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	187	506	\$	10,527.87	\$	20.81	.058	Ś	56.30	Ś	1.21
DIAGNOSTIC AND ANC. PROCED	43	42	'	1,964.31		46.77	.005		45.68		.23
EYE APPLIANCES	131	377		7,020.73		18.62	.043		53.59		.81
OTHER OPTOMETRIC SERVICES	58	87		1,542.83		17.73	.010		26.60		.18
	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@CHIROPRACTOR	0		Ą		Ą			Ş		Ą	
VISITS	-	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
@PODIATRIST	82	121	\$	1,308.87	\$	10.82	.014	Ş	15.96	Ş	.15
MEDICINE/INJECTIONS	1	1		51.00		51.00	.000		51.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	81	120		1,257.87		10.48	.014		15.53		.14
@HOME HEALTH AGENCY	3	21	\$	1,515.87	\$	72.18	.002	\$	505.29	\$.17
NURSE ANESTHESIST	5	58	\$	283.79	\$	4.89	.007	\$	56.76	\$.03
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		Õ	\$.00	Ś	.00		\$		\$.00
FAMILY NURSE PRACTITIONER	1	1	Ċ	24.00	Ċ	24.00	.000		24.00		.00
@TOTAL HOSPITAL	353	2,165	Ċ	272,521.03	Ċ	125.88	.249		772.01		31.33
• .	85	470	Ą		Ą		.054	ې	2824.23	۲	27.60
HOSP INPATIENT TOTAL				240,059.56		510.77					
HSC HOSPITALS	29	135		132,766.12		983.45	.016		4578.14		15.26
NON-HSC HOSPITAL TOTAL	10	42		70,176.65		1670.87	.005		7017.67		8.07
ACCOMMODATIONS	10	42		21,404.70		509.64	.005		2140.47		2.46
ADMINISTRATIVE DAYS	2	6		1,348.75		224.79	.001		674.38		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	36		20,055.95		557.11	.004		2506.99		2.31
ANCILLARIES	10	0		48,771.95		.00	.000		4877.20		5.61
INPATIENT CROSSOVERS	48	293		37,116.79		126.68	.034		773.27		4.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	275	1,695		32,461.47		19.15	.195		118.04		3.73
MEDICAL	4	-, 6		133.43		22.24	.001		33.36		.02
SURGERY	2	1		90.100	R	90.10CR	.000		45.05C	R	.01CR
PATHOLOGY	9	24		314.24	11	13.09	.003		34.92	11	.04
RADIOLOGY	1	8		546.26		68.28	.001		136.57		.06
ROOM USE	7	4		188.08		47.02	.000		26.87		.02
	,										
CROSSOVERS/ALL OTH OUTPINT		1,652	<u> </u>	31,369.56	^	18.99	.190	<u> </u>	119.73	<u> </u>	3.61
@COUNTY HOSPITAL TOTAL	5	7	\$	190.78	\$	27.25	.001	Þ	38.16	Ş	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Õ	Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	7		190.78		27.25	.001		38.16		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY											
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

.00 RADIOLOGY 0 0 .00 .000 .00 .00 .000 0 0 .00 .00 .00 .00 ROOM USE 7 .001 5 190.78 27.25 38.16 .02 CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,123

01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRAN	NT - AGE	ED	1	AID CODE	10					
								M	ONT	HLY AVERA	GE	
8,699 ELIGIBLES	USERS U	NITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNIT	s/DAY	S	COST PER		COST PER
,		OR DAYS OF CARE				JNIT/DAY		ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	348		\$	272,330.25		126.20		.248		782.56		31.31
COMM HOSP INPATIENT TOTAL	85	470		240,059.56		510.77		.054		2824.23		27.60
HSC HOSPITALS	29	135		132,766.12		983.45		.016		4578.14		15.26
NON-HSC HOSPITALS TOTAL	10	42		70,176.65		670.87		.005		7017.67		8.07
ACCOMMODATIONS	10 10	42		21,404.70		509.64		.005		2140.47		2.46
ADMINISTRATIVE DAYS	2	6		1,348.75		224.79		.001		674.38		.16
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
ALL OTHER ACCOM	8	36		20,055.95		557.11		.004		2506.99		2.31
ANCILLARIES	10	0		48,771.95	•	.00		.000		4877.20		5.61
INPATIENT CROSSOVERS	48	293		37,116.79		126.68		.034		773.27		4.27
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	270	1,688		32,270.69		19.12		.194		119.52		3.71
MEDICAL	4	± , 000		133.43		22.24		.001		33.36		.02
SURGERY	2	1		90.10CF	>	90.10CR		.000		45.05C	P	.01CR
PATHOLOGY	2 Q	24		314.24	.\	13.09		.003		34.92	1.	.04
RADIOLOGY	4	8		546.26		68.28		.003		136.57		.06
ROOM USE	7	4		188.08		47.02		.000		26.87		.02
CROSSOVERS/ALL OTH OUTPTNT	257	1,645		31,178.78		18.95		.189		121.32		3.58
@STATE HOSPITAL	0	•	\$.00	Ś	.00		.000	Ċ		Ś	.00
MENTALLY ILL	0	0	7	.00	۲	.00		.000	ې	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00		.000		.00		.00
@NURSING FACILITY	169	•	Ŝ	534,365.62	ė ·	119.84		.513	Ċ	3161.93	Ċ	61.43
LEV A-INTERMEDIATE	6	159	7	10,495.19	γ.	66.01		.018	ې	1749.20	۲	1.21
LEV B-REHAB MD	0	109		.00		.00		.000		.00		.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	ŭ	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HISTIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR		4,300		523,870.43		121.83		.494		3213.93		60.22
	163 0	•	\$.00	\$.00			\$.00	ċ	.00
@INTERMEDIATE CARE FACILDD ICF DDH	0	0	7	.00	Ą	.00		.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0 14 0		\$	8,565.39	\$	407.88		.002	\$	611.81	ċ	.98
HOSPITAL BASED	14	0	7	.00	۶ ،	.00		.002	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	14	21		8,565.39		407.88		.002		611.81		.98
@REHABILITATION FACILITY	0		Ŝ	.00	\$.00		.002	Ċ		\$.00
HOSPITAL BASED	0	0	7	.00	۲	.00		.000	ې	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	35		\$	1,245.17	\$	10.38		.014	ċ		\$.14
-	30	113	7	1,243.17	۲	10.30		.013	ې	40.68	۲	.14
PATHOLOGY	5	7		24.76		3.54		.013		40.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	231		Ŝ	42,831.00	\$	3.54 120.99		.001	ċ		\$	4.92
CLINIC CLINIC	2		7		ې ,				Ą	58.62	Ą	.01
SURGICENTER	22	2 36		117.24 4,282.85		58.62 118.97		.000		194.68		.49
	0	36 0		4,282.85		.00		.004		.00		.49
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	208	316		.00 38,430.91		.00 121.62		.036		184.76		4.42
			2 MONIMIT	•					DEC		_	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	P MONTH-	OF-PAIMENT RE	TROKI .	FUK JAN 2	ZUUZ	THKU	DEC.	. 2002	F	AGE 9,124

MOP024 PLACER COUNTY FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

						MC	IHTNC	Y AVERA	GE -	
8,699 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	FRAGE COST	UNITS/DAYS	S CC	ST PER		COST PER
		OR DAYS OF CARE		PE	ER UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	990	143,258	\$ 187,715.65	\$	1.31	16.468	\$	189.61	\$	21.58
DURABLE MED. EQUIP.	33	88	10,672.48		121.28	.010		323.41		1.23
BLOOD BANK	0	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	11	16	2,580.00		161.25	.002		234.55		.30
MEDICAL TRANSPORTATION	109	4,635	13,510.38		2.91	.533		123.95		1.55
AMBULANCES/AIR TRANS	10	118	1,518.61		12.87	.014		151.86		.17
OTHER TRANS	78	4,200	10,411.81		2.48	.483		133.48		1.20
OTHER SERVICES	24	317	1,579.96		4.98	.036		65.83		.18
ACUPUNCTURE	7	12	227.07		18.92	.001		32.44		.03
ADULT DAY HEALTH CARE CTR	77	890	59,527.32		66.88	.102		773.08		6.84
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	46	337	21,989.01		65.25	.039		478.02		2.53
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		.00
OPTICIAN	194	425	5,382.09		12.66	.049		27.74		.62
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	18	38	1,187.55		31.25	.004		65.98		.14
PROSTHETICS	17	37	1,091.05		29.49	.004		64.18		.13
ORTHOTICS	1	1	96.50		96.50	.000		96.50		.01
PSYCHOLOGIST	1	1	42.49		42.49	.000		42.49		.00
SPEECH AND AUDIOLOGY	46	85	11,921.50		140.25	.010		259.16		1.37
HOSPICE SERVICES	4	107	11,495.68		107.44	.012	2	873.92		1.32
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	528	136,624	49,180.08		.36	15.706		93.14		5.65
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,721	7 , 538	\$ 188,120.88	\$	24.96	.867	\$	109.31	\$	21.63

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,125 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 01/17/03

						MOI	NTHLY AVERA	GE
1,161 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	859	72 , 105	\$	547,978.09	\$ 7.60	62.106	\$ 637.93	\$ 471.99
@PHYSICIANS SERVICES	261	976	\$	26,025.35	\$ 26.67	.841	\$ 99.71	\$ 22.42
OUTPATIENT VISITS	111	159		6,587.00	41.43	.137	59.34	5.67
OFFICE VISITS	93	117		4,175.62	35.69	.101	44.90	3.60
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	22	36		2,179.00	60.53	.031	99.05	1.88
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.001	126.31	.11
OTHER OUTPATIENT	5	5		106.07	21.21	.004	21.21	.09
INPATIENT VISITS	8	15		1,089.89	72.66	.013	136.24	.94
HOSPITAL VISITS	6	13		990.29	76.18	.011	165.05	.85
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	2	2	99.60	49	80 .002	49.80	.09
OPHTHALMOLOGICAL SERVICES	8	8	323.74	40	47 .007	40.47	.28
EXAMINATIONS	8	8	323.74	40	47 .007	40.47	.28
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.000	.00	.00
OUTPATIENT SURGERY	18	44	4,761.33	108	21 .038	264.52	4.10
PRINCIPAL SURGEON	12	13	3,597.38	276	72 .011	299.78	3.10
ASSISTANT SURGEON	0	0	.00		.000	.00	.00
ANESTHESIOLOGIST	9	31	1,163.95	37	55 .027	129.33	1.00
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	12	19	448.11	23	58 .016	37.34	.39
RADIOLOGY	48	82	7,378.45	89	98 .071	153.72	6.36
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	28.14	14	07 .002	14.07	.02
OTHER SERVICES/ALL X-OVERS	125	647	5,408.69	8	36 .557	43.27	4.66
@ PHARMACY	683	15 , 319	\$ 183,730.15	\$ 11	99 13.195	\$ 269.00	\$ 158.25
PRESCRIPTION DRUGS	664	2,527	162,751.25	64	40 2.177	245.11	140.18
SNF/ICF	30	278	14,761.13	53	10 .239	492.04	12.71
OUTPATIENTS	637	2,249	147,990.12	65	80 1.937	232.32	127.47
MEDICAL SUPPLIES	130	12,792	20,978.90	1	11.018	161.38	18.07
@DENTIST	59	220	\$ 15,168.35	\$ 68	95 .189	\$ 257.09	\$ 13.06
VISITS - DIAGNOSTIC	32	99	1,771.35	17		55.35	1.53
ORAL SURGERY	6	47	2,062.00	43	.040	343.67	1.78
DRUGS	1	1	25.00	25	00 .001	25.00	.02
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	3	3	310.00	103	33 .003	103.33	.27
ENDODONTICS	7	10	2,515.00	251	50 .009	359.29	2.17
RESTORATIVE DENTISTRY	18	44	5,205.00	118	30 .038	289.17	4.48
PROSTHETICS	0	0	.00		.000	.00	.00

DENTURES, STAYPLATES	9	15	3,280.00	218.67	.013	364.44	2.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 9,126
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN	Γ - BLIND	AID CODE	20		

PLACER COUNTY	SUMMARY OF SERVICES FOR	CAS	SH GR	ANT -	- BLIND		AID CODE	20				
								M	ONT	HLY AVERA	GE.	
1,161 ELIGIBLES	USERS UNITS O	F SEE	RVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAY	S OF	CARE			PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	21		50	\$	1,819.65	\$.043	\$	86.65	\$	1.57
DIAGNOSTIC AND ANC. PROCED	6		6		314.71		52.45	.005		52.45		.27
EYE APPLIANCES	16	4	14		1,482.64		33.70	.038		92.67		1.28
OTHER OPTOMETRIC SERVICES	1		0		22.30		.00	.000		22.30		.02
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	10	1	L1	\$	118.73	\$	10.79	.009	\$	11.87	\$.10
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	10	1	L1		118.73		10.79	.009		11.87		.10
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00		.00
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	104		50	\$		\$	71.99	.646	\$	519.17	\$	46.51
HOSP INPATIENT TOTAL	16		96		40,005.55		416.72	.083		2500.35		34.46
HSC HOSPITALS	4	1	L 9		18,157.38		955.65	.016		4539.35		15.64
NON-HSC HOSPITAL TOTAL	2		5		9,295.02		1859.00	.004		4647.51		8.01
ACCOMMODATIONS	2		5		3,076.55		615.31	.004		1538.28		2.65
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		5		3,076.55		615.31	.004		1538.28		2.65
ANCILLARIES	2	_	0		6,218.47		.00	.000		3109.24		5.36
INPATIENT CROSSOVERS	10		72		12,553.15		174.35	.062		1255.32		10.81
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	91		54		13,987.92		21.39	.563		153.71		12.05
MEDICAL	13		29		460.07		15.86	.025		35.39		.40
SURGERY	7		11		358.89		32.63	.009		51.27		.31
PATHOLOGY	27	16			1,498.49		9.37	.138		55.50		1.29
RADIOLOGY	19		37		2,828.14		76.44	.032		148.85		2.44
ROOM USE	38		51		2,414.65		39.58	.053		63.54		2.08
CROSSOVERS/ALL OTH OUTPINT	55 0	35	56	<u> </u>	6,427.68	~	18.06	.307	<u> </u>	116.87	<u> </u>	5.54
@COUNTY HOSPITAL TOTAL	-		0	\$.00	\$.00	.000	۶		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 9,127
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		
					MO	NTHLY AVERAG	E

1211021(0001111	SOLUMNICE OF SERV	1020 1011 011011 011		2221.2		1112 0022	M	∩лп	HLY AVERA	CF	
1,161 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17	ERAGE COST			COST PER	-	COST PER
1,101 ELIGIBLES	OSEKS	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104	750	Ś	53,993.47	\$	71.99	.646		519.17		46.51
COMM HOSP INPATIENT TOTAL	16	96	۲	40,005.55	۲	416.72	.083	۲	2500.35	۲	34.46
HSC HOSPITALS	4	19		18,157.38		955.65	.016		4539.35		15.64
NON-HSC HOSPITALS TOTAL	2	5		9,295.02		1859.00	.004		4647.51		8.01
ACCOMMODATIONS	2	5		3,076.55		615.31	.004		1538.28		2.65
	2	5		•							
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	2	U									.00
ALL OTHER ACCOM		5 0		3,076.55		615.31	.004		1538.28		2.65
ANCILLARIES	2			6,218.47		.00	.000		3109.24		5.36
INPATIENT CROSSOVERS	10	72		12,553.15		174.35	.062		1255.32		10.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	91	654		13,987.92		21.39	.563		153.71		12.05
MEDICAL	13	29		460.07		15.86	.025		35.39		.40
SURGERY	7	11		358.89		32.63	.009		51.27		.31
PATHOLOGY	27	160		1,498.49		9.37	.138		55.50		1.29
RADIOLOGY	19	37		2,828.14		76.44	.032		148.85		2.44
ROOM USE	38	61		2,414.65		39.58	.053		63.54		2.08
CROSSOVERS/ALL OTH OUTPTNT		356		6,427.68		18.06	.307		116.87		5.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	34	821	\$	96,824.24	\$	117.93	.707	\$	2847.77	\$	83.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	34	821		96,824.24		117.93	.707		2847.77		83.40
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	34	59	\$	19,727.08	\$	334.36	.051	\$	580.21	\$	16.99
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	34	59		19,727.08		334.36	.051		580.21		16.99
@REHABILITATION FACILITY	2	5	Ś	145.67	\$	29.13	.004	Ś	72.84	Ś	.13
HOSPITAL BASED	0	0		20.72		.00	.000		.00		.02
INDEPENDENT FACILITY	2	5		124.95		24.99	.004		62.48		.11
@LABORATORY FACILITY	44	142	\$		\$.122	Ś	38.74	Ś	1.47
PATHOLOGY	44	142	т	1,704.66	~	12.00	.122	~	38.74	7	1.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
770 7710 011101/0	O	0		• 00		• • • •	• 0 0 0		.00		• 0 0

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	100 18 11 0 72 MEDI-CAL SERVIC	220 41 52 0 127 ES AND EXPENDITU	\$ RES M	2,862.19 .00 21,522.64	·	120.67 52.72 55.04 .00 169.47	.189 .035 .045 .000 .109	120.09 260.20 .00 298.93		22.87 1.86 2.47 .00 18.54 AGE 9,128
MOP024 PLACER COUNTY	FEE-FOR-SERVICE					AID CODE				01/17/03
				DEIND		MID CODE		NTHLY AVERA	GE -	
1,161 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVF	ERAGE COST		COST PER		COST PER
0ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**		OR DAYS OF CAR	E			R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	195	53,532	\$	122,174.37			46.109			105.23
DURABLE MED. EQUIP.	17	87		18,099.51		208.04	.075	1064.68		15.59
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.001	25.00		.02
MEDICAL TRANSPORTATION	78	16,754		47,724.99			14.431	611.86		41.11
AMBULANCES/AIR TRANS	9	63		2,139.85		33.97	.054	237.76		1.84
OTHER TRANS	68	16,664		45,475.70		2.73	14.353	668.76		39.17
OTHER SERVICES	2	27		109.44		4.05	.023	54.72		.09
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	13	253		16,913.79		66.85	.218	1301.06		14.57
GENETIC DISEASE TESTING	1	1		105.00		105.00	.001	105.00		.09
IHMC, MODEL-NF, NF, AIDS, MSSP	12	129		7 , 529.00		58.36	. 111	627.42		6.48
OCCUPATIONAL THERAPIST	0	0 28		.00		.00	.000	.00		.00
OPTICIAN	13	28		329.07		11.75	.024	25.31		.28
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0 0 10		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	3	10		918.09		91.81	.009	306.03		.79
PROSTHETICS	3	10 10 0 0 62 48 0 6,035		918.09		91.81	.009	306.03		.79
ORTHOTICS	U	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	1.5	0		.00 3,458.77		.00 55.79	.000	.00		.00 2.98
SPEECH AND AUDIOLOGY	13	62		3,458.//		107.77	.053	230.58 2586.50		2.98 4.46
HOSPICE SERVICES	2	48		5,173.00 .00		.00	.000	.00		.00
NONLING DIRECTOR ACENCIES	0 37	6 035		10 151 25		3.01	5.198	400 57		15.63
FDODT CUIDDIFMENTAL CERVICE	0	0,033		18,151.25 .00		.00	.000	490.57		.00
RESDI SOFFIEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	43	30,124				.12	25.947	87.14		3.23
@CALIF. CHILDREN SERVICES*	37	1,486	\$	27,658.57	\$			\$ 747.53	Ś	23.82
@XOVER EXCLUDING STATE HOSP**	158	1,336	\$	49,569.33		37.10	1.151			42.70
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	ITEM		·					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	LINE	S ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	BOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU D	EC 2002	P	AGE 9,129
MOP024	FEE-FOR-SERVICE	L/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED		AID CODE	60			
							MC	NTHLY AVERA	GE ·	
42,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST R UNIT/DAY		COST PER USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,097	811,842	\$	23,236,887.61	\$	28.62	19.329			553.23
@PHYSICIANS SERVICES	9,763	32,527	\$	1,311,806.62	\$	40.33	.774			31.23
OUTPATIENT VISITS	5 , 799	9,051		334,253.08		36.93	.215	57.64		7.96
OFFICE VISITS	4,302	6,214		203,795.48		32.80	.148	47.37		4.85
HOME VISITS	65	92		3,225.87		35.06	.002	49.63		.08
EMERGENCY ROOM	1,530	1,966		106,091.40		53.96	.047	69.34		2.53

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	17	35		2 , 087.25		59.64	.001		122.78		.05
OTHER OUTPATIENT	601	744		19,053.08		25.61	.018		31.70		.45
INPATIENT VISITS	556	2 , 793		133,569.76		47.82	.066		240.23		3.18
HOSPITAL VISITS	444	2,493		111,746.36		44.82	.059		251.68		2.66
CRITICAL CARE	47	137		16 , 607.65		121.22	.003		353.35		.40
SNF/ICF/TRANS IP CARE	113	163		5 , 215.75		32.00	.004		46.16		.12
OPHTHALMOLOGICAL SERVICES	113	136		5,842.15		42.96	.003		51.70		.14
EXAMINATIONS	112	134		5,778.63		43.12	.003		51.59		.14
SERVICES AND MATERIALS	2	2		63.52		31.76	.000		31.76		.00
INPATIENT HOSPITAL SURGERY	279	1,800		180,374.48		100.21	.043		646.50		4.29
PRINCIPAL SURGEON	217	399		140,075.44		351.07	.009		645.51		3.33
ASSISTANT SURGEON	39	4 4		9,347.90		212.45	.001		239.69		.22
ANESTHESIOLOGIST	108	1,357		30,951.14		22.81	.032		286.58		.74
OUTPATIENT SURGERY	699	1,732		141,403.07		81.64	.041		202.29		3.37
PRINCIPAL SURGEON	576	752		110,808.05		147.35	.018		192.38		2.64
ASSISTANT SURGEON	8	8		917.61		114.70	.000		114.70		.02
ANESTHESIOLOGIST	177	972		29,677.41		30.53	.023		167.67		.71
DIALYSIS	51	164		15,419.64		94.02	.004		302.35		.37
PATHOLOGY	702	1,258		22,468.70		17.86	.030		32.01		.53
RADIOLOGY	2,233	4,447		228,602.12		51.41	.106		102.37		5.44
PSYCHIATRY	111	118		4,076.61		34.55	.003		36.73		.10
IMMUNIZATION AND INJECTION	389	1,183		20,341.10		17.19	.028		52.29		.48
OTHER SERVICES/ALL X-OVERS	3 , 634	9,845		225,455.91		22.90	.234		62.04		5.37
@PHARMACY			\$	•	\$	46.34	5.672	ċ	420.12	ċ	262.87
-	26,281 26,050		7	, . ,	Ą			P		Ş	242.11
PRESCRIPTION DRUGS	28 , 030 750	114,731		10,169,246.25		88.64	2.732		390.37		
SNF/ICF		6 , 998		358,632.45		51.25			478.18		8.54 233.57
OUTPATIENTS	25,507	107,733		9,810,613.80		91.06	2.565		384.62		
MEDICAL SUPPLIES	1,853	123,516		871,892.21		7.06	2.941		470.53		20.76
@DENTIST	2,961	•	\$	544,593.56	Ş	45.63	.284	Ş	183.92	Ş	12.97
VISITS - DIAGNOSTIC	1,907	7,281		101,653.56		13.96	.173		53.31		2.42
ORAL SURGERY	375	983		48,635.25		49.48	.023		129.69		1.16
DRUGS	15	18		352.50		19.58	.000		23.50		.01
ANESTHESIA	14	14		1,350.00		96.43	.000		96.43		.03
PERIODONTICS	148	202		30,405.00		150.52	.005		205.44		.72
ENDODONTICS	205	291		63 , 562.25		218.43	.007		310.06		1.51
RESTORATIVE DENTISTRY	971	2,337		211,041.50		90.30	.056		217.34		5.02
PROSTHETICS	26	27		815.00		30.19	.001		31.35		.02
DENTURES, STAYPLATES	290	648		77,081.00		118.95	.015		265.80		1.84
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	7	8		250.00		31.25	.000		35.71		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	52	86		9,247.50		107.53	.002		177.84		.22
ALL OTHER SERVICES	40	41		200.00		4.88	.001		5.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	S MON	TH-OF-PAYMENT R	EPOR:	r for jan 2	2002 THRU	DEC	2002	PI	AGE 9,130
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	- TV	DISABLED		AID CODE	60				
							M	ONTE	HLY AVERA	GE ·	
42,002 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S C	COST PER	(COST PER
,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,002	2,720	\$	59,720.96	\$	21.96	.065		59.60		1.42
DIAGNOSTIC AND ANC. PROCED	457	462		21,173.47	•	45.83	.011		46.33		.50
EYE APPLIANCES	739	2,073		33,548.21		16.18	.049		45.40		.80
OTHER OPTOMETRIC SERVICES	138	185		4,999.28		27.02	.004		36.23		.12
@CHIROPRACTOR	219		\$	6,377.82	Ś	16.19	.009	Ś	29.12	Ś	.15
VISITS	207	371		6,060.50	7	16.34	.009		29.28		.14
. 10110	201	J / ±		0,000.50		10.01	• 0 0 9		27.20		• ± 1

OTHER SERVICES	12	23	317.32	13.80	.001	26.44	.01
@PODIATRIST	390	777	\$ 11,977.79	\$ 15.42	.018	\$ 30.71	\$.29
MEDICINE/INJECTIONS	108	120	3,142.24	26.19	.003	29.09	.07
SURGERY/ANES.	11	14	546.22	39.02	.000	49.66	.01
RADIO./PATHOLOGY	4	4	69.20	17.30	.000	17.30	.00
OTHER	279	639	8,220.13	12.86	.015	29.46	.20
@HOME HEALTH AGENCY	217	8,450	\$ 330,083.41	\$ 39.06	.201	\$ 1521.12	\$ 7.86
NURSE ANESTHESIST	11	159	\$ 696.71	\$ 4.38	.004	\$ 63.34	\$.02
NURSE MIDWIFE	2	3	\$ 665.24	\$ 221.75	.000	\$ 332.62	\$.02
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 56.03	\$ 28.02	.000	\$ 56.03	\$.00
FAMILY NURSE PRACTITIONER	26	43	\$ 1,062.55	\$ 24.71	.001	\$ 40.87	\$.03
@TOTAL HOSPITAL	4,741	32,405	\$ 4,514,412.76	\$ 139.31	.772	\$ 952.21	\$ 107.48
HOSP INPATIENT TOTAL	588	3 , 579	3,746,654.51	1046.84	.085	6371.86	89.20
HSC HOSPITALS	290	1,810	2,002,415.06	1106.31	.043	6904.88	47.67
NON-HSC HOSPITAL TOTAL	155	817	1,609,622.59	1970.16	.019	10384.66	38.32
ACCOMMODATIONS	155	817	520,426.53	637.00	.019	3357.59	12.39
ADMINISTRATIVE DAYS	12	95	21,949.91	231.05	.002	1829.16	.52
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00
ALL OTHER ACCOM	145	722	498,451.45	690.38	.017	3437.60	11.87
ANCILLARIES	155	0	1,089,196.06	.00	.000	7027.07	25.93
INPATIENT CROSSOVERS	157	952	134,616.86	141.40	.023	857.43	3.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,380	28 , 826	767,758.25	26.63	.686	175.29	18.28
MEDICAL	831	1 , 299	58 , 256.65	44.85	.031	70.10	1.39
SURGERY	348	377	44,753.94	118.71	.009	128.60	1.07
PATHOLOGY	1,625	9,053	86,444.87	9.55	.216	53.20	2.06
RADIOLOGY	1,125	1,794	153,274.44	85.44	.043	136.24	3.65
ROOM USE	2,454	3 , 695	152,638.85	41.31	.088	62.20	3.63
CROSSOVERS/ALL OTH OUTPTNT	2,360	12,608	272,389.50	21.60	.300	115.42	6.49
@COUNTY HOSPITAL TOTAL	46	208	\$ 22,532.87	\$ 108.33	.005	\$ 489.85	\$.54
CO HOSPITAL INPATIENT TOTAL	3	18	17,017.48	945.42	.000	5672.49	.41
HSC HOSPITALS	3	18	17,017.48	945.42	.000	5672.49	.41

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	0.0		.00
ADMINISTRATIVE DAYS	0	0		- 00	. 00	. 000	.00		.00
TRANSITIONAL IP CARE	0	0		0.0	00	000	0.0		.00
ALL OTHER ACCOM	0	0		0.0	00	000	0.0		.00
ANCTILARTES	0	0		0.0	00	000	00		.00
INPATIENT CROSSOVERS	0	0		0.0	00	000	00		.00
ALL OTHER INPATTENT	0	0		0.0	00	000	.00 .00 .00 125.35 53.52		.00
CO HOSP OUTPATTENT TOTAL	44	190		5 515 39	29 03	005	125 35		.13
MEDICAL	16	20		856 38	42 82	000	53 52		.02
GIIDCEDV	1	20		232 65	116 33	.000	232.65		.01
DATHOLOCY	21	0.1		1 270 10	110.55	.002	60 01		.03
PADIOLOGY	21	3		245 77	01 02	.002	122 00		.01
RADIOLOGI ROOM HCE	21	7.3		1 650 91	30 60	.001	122.89 53.54		.04
CDOCCOVEDC / ALL OHI OUHDHAM	31 10	4.5		1,009.01	30.0U	.001	124.17		.03
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC	TEC AND EXPENDITE OF ST	IIDEC N	1,241.00	40.00	.001			AGE 9,131
							10 2002	P.	01/17/03
MOP024 PLACER COUNTY	CIMMADA UE CEDI	ALCEG EUD CYGR 1/DENIUR	CDANT	- DICABIED	VID CODE	60			01/1//03
FLACER COONII	SOMMANI OF SERV	TCES FOR CASH	GIVANI	DISABLED	AID CODE	MON	מסשלא אנושטו	CF	
42,002 ELIGIBLES	HOEDO	UNITS OF SERVI	CF	EADEMULLIDES	AVERAGE COST				COST PER
@COMMUNITY HOSPITAL TOTAL	1 703	22 107	.rr ¢	1 101 070 00	¢ 120 51	767 6	955.11	ċ	106 04
COMM HOSD INDAMIFACE TOTAL	4,703	2 561	Ą	3 720 637 03	1047 36	./0/ 4	6375 45	۲	00.94
USC HOSDITALS	207	1 702		1 005 207 50	1107.30	.003	6017 76		47 27
NON HIGH HOODIMALS MOMAL	20 <i>1</i>	1, 192		1,900,397.30	1107.92	.043	10204 66		47.47
NON-HSC HOSPITALS TOTAL	155	81 / 017		1,609,622.59	1970.16	.019	10384.66		30.3Z
ACCOMMODALIONS	133	01/		320,426.33	037.00	.019	1000 16		12.39
ADMINISTRATIVE DAIS	12	95		21,949.91	231.05	.002	1829.16		.52
TRANSITIONAL IP CARE	1.45	700		25.17	.00	.000	.00		.00
ALL OTHER ACCOM	145	122		498,451.45	690.38	.017	3437.60		11.87
ANCILLARIES	155	0.50		1,089,196.06	.00	.000	7027.07		25.93
INPATIENT CROSSOVERS	157	952		134,616.86	141.40	.023	857.43		3.21
ALL OTHER INPATIENT	4 2 4 4	00 626		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,344	28,636		/62,242.86	26.62	.682	1/5.4/		18.15
MEDICAL	81/	1,2/9		5/,400.2/	44.88	.030	70.26		1.37
SURGERY	34/	3/5		44,521.29	118.72	.009	128.30		1.06
PATHOLOGY	1,605	8,962		85,165.//	9.50	.213	53.06		2.03
RADIOLOGY	1,123	1, /91		153,028.6/	85.44	.043	136.27		3.64
ROOM USE	2,42/	3,652		150,9/9.04	41.34	.087	62.21		3.59
CROSSOVERS/ALL OTH OUTPTNT	2,350	12,577	_	271,147.82	21.56	.299	115.38	_	6.46
@STATE HOSPITAL	0	0	Ş	.00	\$.00	.000 \$.00	Ş	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-RECOLAR	344	9,549	\$	1,165,296.62	\$ 122.03	.227 \$	3387.49	\$	27.74
LEV A-INTERMEDIATE	3	90		5,286.60	58.74	.002	1762.20		.13
LEV B-REHAB MD	2	42		4,938.73	117.59	.001	2469.37		.12
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50	328.05	.001	4920.75		.23
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31	539.01	.001	16709.31		.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
TEN D DECITAD	226	0 250		1 100 500 40	120 (2	222	2250 (0		$\gamma \subset \gamma \gamma$

1,128,520.48

805,398.76

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411,266.61

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5.73

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5,007

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182

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	25	101	\$	2,677.72	\$	26.51	.002	\$ 107.11	\$.06
HOSPITAL BASED	21	83		2,212.00	'	26.65	.002	105.33		.05
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	4	18		465.72		25.87	.000	116.43		.01
@LABORATORY FACILITY	2,465	10,688	\$	133,350.54	\$	12.48	.254		Ś	3.17
PATHOLOGY	2,452	10,674	т	133,211.41	4	12.48	.254	54.33	7	3.17
XO AND OTHERS	13	14		139.13		9.94	.000	10.70		.00
@ORGANIZED OUTPATIENT CLINIC	3,828	6,627	\$	1,018,787.17	Ś		.158		Ś	24.26
CLINIC	261	626	Υ.	15,125.84	۲	24.16	.015	57.95	Ψ	.36
SURGICENTER	90	403		19,233.02		47.72	.010	213.70		.46
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001	219.30		.02
RURAL HEALTH CLINIC	3 , 510	5 , 542		983,770.40		177.51	.132	280.28		23.42
#CALIF DEPT OF HEALTH SERV			IDEC I	MONTH-OF-PAYMENT R					D7	GE 9,132
MOP024	FEE-FOR-SERVICE		11/11/0	MONIII OF FAIMENT N		I FOR UAN 2	2002 IIINO L	7EC 2002	ΓA	01/17/03
PLACER COUNTY		IDENTAL ICES FOR CASH G	יים א אוייי	- DISABLED		AID CODE	60			01/1//03
FLACEN COUNTI	SUMMANT OF SERV	TCES FOR CASH C	JI/VIII I	DISABLED		AID CODE		NTHLY AVERA	CF -	
42,002 ELIGIBLES	USERS	UNITS OF SERVIC	יבי	EXPENDITURES	7/17/2	DACE COCH		COST PER	-	OST PER
		OR DAYS OF CAF		EVERNDIIOVES		R UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	5 530	447,530	\$	2,048,126.23	\$	4.58	10.655			48.76
DUDABLE MED FOLLD	5,550	2,219	Ą	388,773.05	ş	175.20	.053	603.68	ې	9.26
DICOD DANK	044	2,219		148.00		14.80	.000	148.00		.00
RIOOD BANK	1.0	18								
HEARING AID DISPENSERS	1 016			3,917.18		217.62	.000	244.82		.09
MEDICAL TRANSPORTATION	1,016	61,827		257,279.73		4.16	1.472	253.23		6.13
AMBULANCES/AIR TRANS	513 470	5,896		90,586.88		15.36	.140	176.58		2.16
		55,132		153,542.24		2.78	1.313	326.69		3.66
OTHER SERVICES	63	799		13,150.61		16.46	.019	208.74		.31
ACUPUNCTURE	25	54		931.30		17.25	.001	37.25		.02
ADULT DAY HEALTH CARE CTR	583	9,509		634,032.94		66.68	.226	1087.54		15.10
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	7	7		622.00		88.86	.000	88.86		.01
IHMC, MODEL-NF, NF, AIDS, MSSP	140	5 , 868		218,724.91		37.27	.140	1562.32		5.21
OCCUPATIONAL THERAPIST	21	267		1,801.85		6.75	.006	85.80		.04
OFIICIAN	000	1,955		23,328.46		11.93	.047	27.13		.56
PHYSICAL THERAPIST	31	360		4,365.64		12.13	.009	140.83		.10
PORTABLE X-RAY	5	6		102.66		17.11	.000	20.53		.00
PROSTHETIST/ORTHOTISTS	152	383		31,560.73		82.40	.009	207.64		.75
PROSTHETICS	145	374		31,150.66		83.29	.009	214.83		.74
ORTHOTICS	5 152 145 7 7 810	9		410.07		45.56	.000	58.58		.01
PSYCHOLOGIST	7	15		610.86		40.72	.000	87.27		.01
SPEECH AND AUDIOLOGY	810	3,394		139,154.83		41.00	.081	171.80		3.31
HOSPICE SERVICES	2 1	700		93,000.46		132.86	.017	3875.02		2.21
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	469	38,136		105,302.74		2.76	.908	224.53		2.51
EPSDT SUPPLEMENTAL SERVICE		0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1,297	322,802		144,468.89		.45	7.685	111.39		3.44
@CALIF. CHILDREN SERVICES*	607	15,586	\$	913,526.71	\$	58.61	.371	\$ 1504.99	\$	21.75
@XOVER EXCLUDING STATE HOSP**	4,051	27,118	\$	510,685.91	\$	18.83	.646	\$ 126.06	\$	12.16
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR									
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL	LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV		_		MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU D	EC 2002	PA	GE 9,133
MOP024	FEE-FOR-SERVICE									01/17/03
PLACER COUNTY			-33	35 38 40 42 3A-3M	3P 3F	R 3U 3W 4C-	-4G			. , = . , = 9
					01	22 3 10		NTHLY AVERA	GE -	
49,220 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST				

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

USERS UNITS OF SERVICE

OR DAYS OF CARE

49,220 ELIGIBLES

@TOTAL, ALL PROVIDERS	22,991	104,560	\$	5,182,570.22	\$	49.57	2.124		225.42	\$	105.29
@PHYSICIANS SERVICES	11,039	23,727	\$	943,984.65	\$	39.79	.482	Ş	85.51	\$	19.18
OUTPATIENT VISITS	9,221	12,773		446,491.98		34.96	.260		48.42		9.07
OFFICE VISITS	6 , 719	8,816		278,113.12		31.55	.179		41.39		5.65
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,087	2,423		106,767.07		44.06	.049		51.16		2.17
PREVENTIVE CARE	9	9		380.02		42.22	.000		42.22		.01
OB VISITS/COMPRE PERI	315	509		37,106.95		72.90	.010		117.80		.75
OTHER OUTPATIENT	854	1,016		24,124.82		23.74	.021		28.25		.49
INPATIENT VISITS	243	734		33,978.00		46.29	.015		139.83		.69
HOSPITAL VISITS	239	683		27,547.87		40.33	.014		115.26		.56
CRITICAL CARE	16	51		6,430.13		126.08	.001		401.88		.13
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	37	40		1,334.23		33.36	.001		36.06		.03
EXAMINATIONS	29	31		1,301.99		42.00	.001		44.90		.03
SERVICES AND MATERIALS	9	9		32.24		3.58	.000		3.58		.00
INPATIENT HOSPITAL SURGERY	270	1,156		162,076.62		140.20	.023		600.28		3.29
PRINCIPAL SURGEON	170	202		130,791.16		647.48	.004		769.36		2.66
ASSISTANT SURGEON	40	40		7,041.09		176.03	.001		176.03		.14
ANESTHESIOLOGIST	113	914		24,244.37		26.53	.019		214.55		.49
OUTPATIENT SURGERY	697	1,517		95,112.09		62.70	.031		136.46		1.93
PRINCIPAL SURGEON	569	671		73,115.65		108.97	.014		128.50		1.49
ASSISTANT SURGEON	5	5		465.62		93.12	.000		93.12		.01
ANESTHESIOLOGIST	169	841		21,530.82		25.60	.017		127.40		. 44
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1,197	1,479		17,781.07		12.02	.030		14.85		.36
RADIOLOGY	1,876	2,636		120,533.22		45.73	.054		64.25		2.45
PSYCHIATRY	130	150		5,112.60		34.08	.003		39.33		.10
IMMUNIZATION AND INJECTION	255	692		14,031.39		20.28	.014		55.03		.29
OTHER SERVICES/ALL X-OVERS	796	2,550		47,533.45		18.64	.052		59.72		.97
@PHARMACY	10,717	25,443	\$	1,265,069.84	\$	49.72	.517	\$	118.04	\$	25.70
PRESCRIPTION DRUGS	10,659	23,954		1,246,640.67		52.04	.487		116.96		25.33
SNF/ICF	16	108		2,252.61		20.86	.002		140.79		.05
OUTPATIENTS	16 10,654 214 3,632 2,543 457 125	23,846		1,244,388.06		52.18	.484		116.80		25.28
MEDICAL SUPPLIES	214	1,489		18,429.17		12.38	.030		86.12		.37
@DENTIST	3,632	17,069	\$	619,585.34	\$	36.30	.347	\$	170.59	\$	12.59
VISITS - DIAGNOSTIC	2,543	10,736		160,421.06		14.94	.218		63.08		3.26
ORAL SURGERY	457	922		48,528.50		52.63	.019		106.19		.99
DRUGS	125	140		3,375.00		24.11	.003		27.00		.07
ANESTHESIA	18	18		1,600.00		88.89	.000		88.89		.03
PERIODONTICS	56	70		8,465.00		120.93	.001		151.16		.17
ENDODONTICS	333	642		102,297.25		159.34	.013		307.20		2.08
RESTORATIVE DENTISTRY	1,397	4,056		254,786.75		62.82	.082		182.38		5.18
PROSTHETICS	14	14		340.00		24.29	.000		24.29		.01
DENTURES, STAYPLATES	40	134		15,182.00		113.30	.003		379.55		.31
SPACE MAINTAINERS	38	47		5,611.00		119.38	.001		147.66		.11
MAXILLOFACIAL SERVICES	13	18		1,169.49		64.97	.000		89.96		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	148	187		16,974.29		90.77	.004		114.69		.34
ALL OTHER SERVICES	54	85		835.00		9.82	.002		15.46		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT R	EPORI	FOR JAN	2002 THRU DI	ΞC		P	AGE 9,134
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SER	VICES FOR CGF 30-3	33	35 38 40 42 3A-3M	3P 3F	R 3U 3W 4C	:-4G				
							MOI	NTH	LY AVERA	GE	
49,220 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					

@OPTOMETRIST	686	1,950	\$	45,576.78	\$	23.37	.040	\$	66.44	\$.93
DIAGNOSTIC AND ANC. PROCED	530	536		24,668.76		46.02	.011		46.54		.50
EYE APPLIANCES	494	1,391		20,317.73		14.61	.028		41.13		.41
OTHER OPTOMETRIC SERVICES	22	23		590.29		25.66	.000		26.83		.01
@CHIROPRACTOR	78	112	\$	1,868.46	\$	16.68	.002	Ś	23.95	Ś	.04
VISITS	78	112	т	1,868.46	т.	16.68	.002	7	23.95	т.	.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	68	114	\$	4,717.57	\$	41.38	.002	Ś	69.38	Ś	.10
MEDICINE/INJECTIONS	54	66	Y	2,153.42	Y	32.63	.002	Y	39.88	Y	.04
SURGERY/ANES.	13	16		1,219.29		76.21	.000		93.79		.02
	11	13		230.58		17.74	.000		20.96		.00
RADIO./PATHOLOGY OTHER	10	19							111.43		.02
			ċ	1,114.28	<u> </u>	58.65	.000	ċ		ċ	
@HOME HEALTH AGENCY	13	36	\$	2,294.95	\$	63.75	.001		176.53		.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	3	4	Ş	241.92	\$	60.48	.000		80.64	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000		75.17	\$.00
@TOTAL HOSPITAL	3,996	14,615	\$	1,453,350.83	\$	99.44	.297	\$	363.70	\$	29.53
HOSP INPATIENT TOTAL	261	939		1,098,276.64		1169.62	.019		4207.96		22.31
HSC HOSPITALS	175	531		607 , 953.67		1144.92	.011		3474.02		12.35
NON-HSC HOSPITAL TOTAL	85	385		488,698.97		1269.35	.008		5749.40		9.93
ACCOMMODATIONS	85	385		209,599.65		544.41	.008		2465.88		4.26
ADMINISTRATIVE DAYS	1	2		480.78		240.39	.000		480.78		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	84	383		209,118.87		546.00	.008		2489.51		4.25
ANCILLARIES	85	0		279,099.32		.00	.000		3283.52		5.67
INPATIENT CROSSOVERS	2	23		1,624.00		70.61	.000		812.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,830	13,676		355,074.19		25.96	.278		92.71		7.21
MEDICAL	440	680		18,076.43		26.58	.014		41.08		.37
SURGERY	394	430		12,671.98		29.47	.009		32.16		.26
PATHOLOGY	1,203	4,453		47,143.92		10.59	.090		39.19		.96
RADIOLOGY	1,010	1,324		72,724.16		54.93	.027		72.00		1.48
	3,148								50.27		
ROOM USE		3,970		158,239.70		39.86	.081				3.21
CROSSOVERS/ALL OTH OUTPINT		2,819	ċ	46,218.00	<u> </u>	16.40	.057	ċ	33.25	ċ	.94
@COUNTY HOSPITAL TOTAL	14	33	\$	7,593.33	\$.001	Þ	542.38	Þ	.15
CO HOSPITAL INPATIENT TOTAL	2	6		6,515.00		1085.83	.000		3257.50		.13
HSC HOSPITALS	2	6		6,515.00		1085.83	.000		3257.50		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	27		1,078.33		39.94	.001		77.02		.02
MEDICAL	7	8		349.01		43.63	.000		49.86		.01
SURGERY	0	0		1.56		.00	.000		.00		.00
PATHOLOGY	1	0		.00		.00	.000		.00		.00
RADIOLOGY	3	2		229.95		114.98	.000		76.65		.00
ROOM USE	11	12		466.57		38.88	.000		42.42		.01
CROSSOVERS/ALL OTH OUTPTNT	6	5		31.24		6.25	.000		5.21		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES		EPOR			DF.C		ΡZ	AGE 9,135
MOP024	FEE-FOR-SERVICE/DENT				(.1 1010 01110	2002 11110		. 2002		01/17/03
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SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PLACER COUNTY

						MO	NTHLY AVERA	GE
49,220 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 , 986	14,582	\$	1,445,757.50	\$ 99.15	.296	\$ 362.71	\$ 29.37
COMM HOSP INPATIENT TOTAL	259	933		1,091,761.64	1170.16	.019	4215.30	22.18
HSC HOSPITALS	173	525		601,438.67	1145.60	.011	3476.52	12.22
NON-HSC HOSPITALS TOTAL	85	385		488,698.97	1269.35	.008	5749.40	9.93
ACCOMMODATIONS	85	385		209,599.65	544.41	.008	2465.88	4.26
ADMINISTRATIVE DAYS	1	2		480.78	240.39	.000	480.78	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	383		209,118.87	546.00	.008	2489.51	4.25
ANCILLARIES	85	0		279,099.32	.00	.000	3283.52	5.67
INPATIENT CROSSOVERS	2	23		1,624.00	70.61	.000	812.00	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,819	13,649		353 , 995.86	25.94	.277	92.69	7.19
MEDICAL	433	672		17,727.42	26.38	.014	40.94	.36
SURGERY	394	430		12,670.42	29.47	.009	32.16	.26
PATHOLOGY	1,202	4,453		47 , 143.92	10.59	.090	39.22	.96
RADIOLOGY	1,007	1,322		72,494.21	54.84	.027	71.99	1.47
ROOM USE	3,140	3 , 958		157 , 773.13	39.86	.080	50.25	3.21
CROSSOVERS/ALL OTH OUTPTNT	1,384	2,814		46,186.76	16.41	.057	33.37	.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		•
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1	\$	427.03	\$	427.03	.000	\$	427.03	\$.01
0	0		.00		.00	.000		.00		.00
1	1		427.03		427.03	.000		427.03		.01
3	4	\$	311.64	\$	77.91	.000	\$	103.88	\$.01
3	4		311.64		77.91	.000		103.88		.01
0	0		.00		.00	.000		.00		.00
2,151	6 , 293	\$	93,882.88	\$	14.92	.128	\$	43.65	\$	1.91
2,151	6 , 293		93,882.88		14.92	.128		43.65		1.91
0	0		.00		.00	.000		.00		.00
2,623	5 , 436	\$	625,413.26	\$	115.05	.110	\$	238.43	\$	12.71
721	2,311		59,397.41		25.70	.047		82.38		1.21
63	385		13,081.49		33.98	.008		207.64		.27
1	20		231.69		11.58	.000		231.69		.00
1,874	2 , 720		552 , 702.67		203.20	.055		294.93		11.23
		JRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	Pλ	AGE 9,136
										01/17/03
	2,151 0 2,623 721 63 1 1,874 MEDI-CAL SERVICES FEE-FOR-SERVICE/DE	2,151 6,293 0 0 2,623 5,436 721 2,311 63 385 1 20 1,874 2,720 MEDI-CAL SERVICES AND EXPENDITU	2,151 6,293 0 0 2,623 5,436 \$ 721 2,311 63 385 1 20 1,874 2,720 MEDI-CAL SERVICES AND EXPENDITURES FEE-FOR-SERVICE/DENTAL	0 0 0 .00 1 1 1 \$ 427.03 0 0 .00 1 1 1 1 \$ 427.03 0 0 0 .00 1 1 1 1 427.03 3 4 \$ 311.64 3 4 \$ 311.64 0 0 0 .00 2,151 6,293 \$ 93,882.88 2,151 6,293 \$ 93,882.88 2,151 6,293 \$ 93,882.88 0 0 0 .00 2,623 5,436 \$ 625,413.26 721 2,311 59,397.41 63 385 13,081.49 1 20 231.69 1,874 2,720 552,702.67 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FFEE-FOR-SERVICE/DENTAL	0 0 0 .00 1 1 1 \$ 427.03 \$ 0 0 .00 1 1 1 1 \$ 427.03 \$ 0 0 .00 1 1 1 1 427.03 3 4 \$ 311.64 \$ 3 4 311.64 \$ 0 0 .00 2,151 6,293 \$ 93,882.88 \$ 2,151 6,293 \$ 93,882.88 \$ 2,151 6,293 \$ 93,882.88 \$ 0 0 .00 2,623 5,436 \$ 625,413.26 \$ 721 2,311 59,397.41 63 385 13,081.49 1 20 231.69 1,874 2,720 552,702.67 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 .00 .00 .00 .000 1 1 1 \$ 427.03 \$ 427.03 .000 0 0 0 .00 .00 .00 .000 1 1 1 427.03 427.03 .000 1 1 1 427.03 427.03 .000 3 4 \$ 311.64 \$ 77.91 .000 3 4 \$ 311.64 77.91 .000 0 0 .00 .00 .00 .00 2,151 6,293 \$ 93,882.88 \$ 14.92 .128 2,151 6,293 \$ 93,882.88 \$ 14.92 .128 2,151 6,293 \$ 93,882.88 14.92 .128 0 0 .00 .00 .00 2,623 5,436 \$ 625,413.26 \$ 115.05 .110 721 2,311 59,397.41 25.70 .047 63 385 13,081.49 33.98 .008 1 20 231.69 11.58 .000 1,874 2,720 552,702.67 203.20 .055	0 0 0 .00 .00 .00 .000 .000 .000 .000	0 0 0 0 00 00 00 00 00 00 00 00 00 00 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

PLACER COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

I BROBIC GOOMII	SOIMMING OF SERV		, 55 5	0 00 10 12 011 011 0	31 31 30 31 10	MC	NTHLY AVERA	CF
49,220 ELIGIBLES	USERS	UNITS OF SERVIC	`E	EXPENDITURES	AVERAGE COST			COST PER
49,220 ELIGIBLES	CALCO	OR DAYS OF CAR		EVEFUDIIOVE2	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,329	9,755	\$	125,769.90	\$ 12.89	.198		
DURABLE MED. EQUIP.	112	185	Ą	8,109.95	43.84	.004	72.41	.16
BLOOD BANK	0	100		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
	222	2 200						
MEDICAL TRANSPORTATION		3,300		43,762.61	13.26	.067	197.13	.89
AMBULANCES/AIR TRANS	219	2,977		39,677.76	13.33		181.18	.81
OTHER TRANS	3	321		484.85	1.51	.007	161.62	.01
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	4	10		162.20	16.22	.000	40.55	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	96	97		7,705.00	79.43	.002	80.26	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	506	1,092		9,984.15	9.14	.022	19.73	.20
PHYSICAL THERAPIST	3	59		732.97	12.42	.001	244.32	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	47	79		4,908.87	62.14	.002	104.44	.10
PROSTHETICS	44	74		4,602.18	62.19	.002	104.60	.09
ORTHOTICS	3	5		306.69	61.34	.000	102.23	.01
PSYCHOLOGIST	14	67		2,760.26	41.20	.001	197.16	.06
SPEECH AND AUDIOLOGY	53	86		5,280.27	61.40	.002	99.63	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,311	4,757		41,569.24	8.74	.097	31.71	.84
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	23		794.38	34.54	.000	198.60	.02
@CALIF. CHILDREN SERVICES*	182	1,664	\$	236,064.46	\$ 141.87		\$ 1297.06	
@XOVER EXCLUDING STATE HOSP**		51	\$	·	\$ 59.94		\$ 169.83	·
		DAME THEODARM	T III D 3.4	ONT W		,		

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,137 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT

PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT					
							GE
101,082 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	61,170	1,186,225 \$	31,311,626.90	\$ 26.40	11.735		
@PHYSICIANS SERVICES	22,203	59 , 945 \$	2,337,568.22	\$ 39.00	.593		
OUTPATIENT VISITS	15 , 239	22,139	792 , 429.41	35.79	.219	52.00	7.84
OFFICE VISITS	11,215	15 , 294	490,451.47	32.07	.151	43.73	4.85
HOME VISITS	65	92	3,225.87	35.06	.001	49.63	.03
EMERGENCY ROOM	3,647	4,434	215,767.57	48.66	.044	59.16	2.13
PREVENTIVE CARE	9	9	380.02	42.22	.000	42.22	.00
OB VISITS/COMPRE PERI	333	545	39,320.51	72.15	.005	118.08	.39
OTHER OUTPATIENT	1,460	1,765	43,283.97	24.52	.017	29.65	.43
INPATIENT VISITS	817	3,567	169,810.94	47.61	.035	207.85	1.68
HOSPITAL VISITS	698	3,213	141,403.73	44.01	.032	202.58	1.40
CRITICAL CARE	63	188	23,037.78	122.54	.002	365.68	.23
SNF/ICF/TRANS IP CARE	116	166	5,369.43	32.35	.002	46.29	.05
OPHTHALMOLOGICAL SERVICES	167	195	7,998.97	41.02	.002	47.90	.08
EXAMINATIONS	158	184	7,903.21	42.95	.002	50.02	.08
SERVICES AND MATERIALS	11	11	95.76	8.71	.000	8.71	.00
INPATIENT HOSPITAL SURGERY	553	2,995	345,313.89	115.30	.030	624.44	3.42
PRINCIPAL SURGEON	390	605	272,813.42	450.93	.006	699.52	2.70
	79	84	16,388.99	195.11	.001	207.46	.16
ASSISTANT SURGEON	223	2,306		24.33			.16
ANESTHESIOLOGIST		•	56,111.48		.023	251.62	
OUTPATIENT SURGERY	1,425	3,313	243,857.52	73.61	.033	171.13	2.41
PRINCIPAL SURGEON	1,167	1,449	189,864.78	131.03	.014	162.69	1.88
ASSISTANT SURGEON	13	13	1,383.23	106.40	.000	106.40	.01
ANESTHESIOLOGIST	357	1,851	52,609.51	28.42	.018	147.37	.52
DIALYSIS	51	164	15,419.64	94.02	.002	302.35	.15
PATHOLOGY	1,930	2,781	40,987.02	14.74	.028	21.24	.41
RADIOLOGY	4,189	7,218	360,028.94	49.88	.071	85.95	3.56
PSYCHIATRY	243	272	9,334.93	34.32	.003	38.42	.09
IMMUNIZATION AND INJECTION	657	1,899	34 , 572.38	18.21	.019	52.62	.34
OTHER SERVICES/ALL X-OVERS	5 , 579	15 , 402	317 , 814.58	20.63	.152	56.97	3.14
@PHARMACY	43,228	321 , 568 \$	13,654,644.75	\$ 42.46	3.181	315.88	\$ 135.08
PRESCRIPTION DRUGS	42,843	161,401	12,708,176.55	78.74	1.597	296.62	125.72
SNF/ICF	994	8 , 560	429,838.87	50.21	.085	432.43	4.25
OUTPATIENTS	42,098	152 , 841	12,278,337.68	80.33	1.512	291.66	121.47
MEDICAL SUPPLIES	2,608	160,167	946,468.20	5.91	1.585	362.91	9.36
@DENTIST	7,020	30 , 585 \$	1,242,176.07	\$ 40.61	.303	176.95	\$ 12.29
VISITS - DIAGNOSTIC	4,723	18,935	275,125.93	14.53	.187	58.25	2.72
ORAL SURGERY	889	2,080	105,466.11	50.70	.021	118.63	1.04
DRUGS	141	159	3,752.50	23.60	.002	26.61	.04
ANESTHESIA	34	34	3,150.00	92.65	.000	92.65	.03
PERIODONTICS	222	291	41,600.00	142.96	.003	187.39	.41
ENDODONTICS	555	956	171,619.50	179.52	.009	309.22	1.70
RESTORATIVE DENTISTRY	2,469	6,623	485,500.25	73.31	.066	196.64	4.80
PROSTHETICS	46	47	1,265.00	26.91	.000	27.50	.01
DENTURES, STAYPLATES	414	976	120,409.50	123.37	.010	290.84	1.19
SPACE MAINTAINERS	38	47	5,611.00	119.38	.000	147.66	.06
MAXILLOFACIAL SERVICES	20	26	1,419.49	54.60	.000	70.97	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	200	273	26,221.79	96.05	.003	131.11	.26
	104	138	1,035.00	7.50	.003	9.95	.01
ALL OTHER SERVICES	104	130	1,033.00	7.50	.001	9.90	. 01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,138 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONT	HLY AVERA	GE	
101,082 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,896 1,036	5 , 226	\$	117,645.26	\$	22.51	.052	\$	62.05	\$	
DIAGNOSTIC AND ANC. PROCED	1,036	1,046		48,121.25		46.01			46.45		.48
EYE APPLIANCES	1,380	3 , 885		62 , 369.31		16.05	.038		45.20		.62
OTHER OPTOMETRIC SERVICES	1,380 219	295		7,154.70		24.25	.003		32.67		.07
@CHIROPRACIOR	291	506	\$	8,246.28	\$	16.30	.005		27.77	\$.08
VISITS	285	483		8,246.28 7,928.96 317.32		16.42	.005		27.82		.08
OTHER SERVICES	12	23		317.32		13.80	.000		26.44		.00
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES	550	1,023	\$	18,122.96	\$	17.72	.010	\$	32.95	\$.18
MEDICINE/INJECTIONS	163	187		5,346.66		28.59	.002		32.80		.05
BORGERIT / TINGE :	24	30		1,765.51	•	58.85	.000		73.56		.02
RADIO./PATHOLOGY	15 380 233 16	17		299.78		17.63	.000		19.99		.00
OTHER	380	789		10,711.01		13.58	.008		28.19		.11
@HOME HEALTH AGENCY	233	8,507			\$				1433.02		3.30
NURSE ANESTHESIST	16	217	\$		Ş	4.52	.002		61.28		.01
NURSE MIDWIFE	5	7	\$	907.16		129.59	.000		181.43		.01
PEDIATRIC NURSE PRACTITIONER	1	7 2 45 49,935 5,084 2,495	Ş	56.03		28.02	.000		56.03		.00
FAMILY NURSE PRACTITIONER	28	45	Ş	1,161.72		25.82	.000	Ş	41.49	Ş	.01
@TOTAL HOSPITAL	9,194	49,935	\$	6,294,278.09	Ş	126.05	.494	Ş	684.61	Ş	62.27
HOSP INPATIENT TOTAL	950	5,084		5,124,996.26		1008.06	.050		5394.73		50.70
HSC HOSPITALS	498	2,495		2,761,292.23		1106.73	.025		5544.76		27.32
NON-HSC HOSPITAL TOTAL	1 28 9,194 950 498 252 252	1,249 1,249		2,177,793.23		1743.63	.012		8642.04		21.54
ACCOMMODATIONS	252			754,507.43		604.09	.012		2994.08		7.46
ADMINISTRATIVE DAYS	15 0 239 252 217 0 8,576 1,288	103		23,779.44 25.17 730,702.82		126.05 1008.06 1106.73 1743.63 604.09 230.87 .00 637.61 .00 138.74 .00 26.07 38.20 70.45 9.89 72.52 40.55 20.44	.000 .494 .050 .025 .012 .001 .000 .011 .000 .013 .000 .444 .020		1585.30		.24
TRANSITIONAL IP CARE	0	1 146		25.1/		.00	.000		.00		.00
ALL OTHER ACCOM	239	1,146		130,702.82		637.61	.011		3057.33		7.23
ANCILLARIES	252	1 240		1,423,285.80		.00	.000		5647.96		14.08
INPATIENT CROSSOVERS	217	1,340		185,910.80		138.74	.013		856./3		1.84
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0 576	0 44 , 851		.00 1,169,281.83		.00	.000		126.24		.00 11.57
MEDICAL	0,3/0 1,200			76,926.58		20.07	.444		130.34		.76
MEDICAL	751	2,014 819		70,920.38		38.2U	.020		59.73 76.82		
SURGERY	7 0 6 4	13,690		57,694.71 135,401.52		0.43	.008 .135		47.28		.57 1.34
PATHOLOGY RADIOLOGY	2,004 2 150	2 162		229,373.00		72 52	.031		106.29		2.27
ROOM USE	2,130 5,647	3,163 7,730 17,435		313,481.28		10.55	.076		55.51		3.10
CROSSOVERS/ALL OTH OUTPTNT	1 067	17,730		356,404.74		20.44	.172		87.63		3.53
@COUNTY HOSPITAL TOTAL	751 2,864 2,158 5,647 4,067 65	17,435 248 24 24	\$	30,316.98	Ċ	122.25		Ċ	466.42	Ċ	.30
CO HOSPITAL INPATIENT TOTAL	5	240	Ÿ	23,532.48	Ÿ	980.52	002	Y	4706.50	Y	.23
HSC HOSPITALS	5	24		23,532.48		980.52	.000		4706.50		.23
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ö	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		0.0		0.0	.000		.00		.00
ALL OTHER INPATIENT		0		.00		. 00	.000		0.0		.00
CO HOSP OUTPATIENT TOTAL	0 63	224		6.784.50		30.29	.002		107.69		.07
MEDICAL	23	28		1,205.39		43.05	.000		52.41		.01
SURGERY	1	2		.00 6,784.50 1,205.39 234.21		117.11	.000		.00 107.69 52.41 234.21		.00
PATHOLOGY	22	91		1,279.10		14.06	.001		58.14		.01

RADIOLOGY			5	5	475.72	95.14	.000	95.14		.00
ROOM USE			42	55	2,126.38	38.66	.001	50.63		.02
CROSSOVERS/ALL OTH C	UTPTNT		21	43	1,463.70	34.04	.000	69.70		.01
#CALIF DEPT OF HEALTH S	SERV	MEDI-CAL S	ERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DI	EC 2002	PAGE	9,139
MOP024		FEE-FOR-SE	RVICE/DEN'	TAL					01,	/17/03
DIACER COUNTY		SIIMMARY OF	SEBVICES	FOR CASH CRANT	r					

MOP024	FEE-FOR-SERVIC								01/17/03
PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH GRA	NT						
						MON			
101,082 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
	0 1 11	OR DAYS OF CARE	_	6 0 60 0 61 11	PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,141		\$	6,263,961.11	\$ 126.07	.492 \$		Ş	61.97
COMM HOSP INPATIENT TOTAL	945	5,060		5,101,463.78	1008.19	.050	5398.37		50.47
HSC HOSPITALS	493	2,471		2,737,759.75	1107.96	.024	5553.27		27.08
NON-HSC HOSPITALS TOTAL	252	1,249		2,177,793.23	1743.63	.012	8642.04		21.54
ACCOMMODATIONS	252	1,249		754,507.43	604.09	.012	2994.08		7.46
ADMINISTRATIVE DAYS	15	103		23,779.44	230.87	.001	1585.30		.24
TRANSITIONAL IP CARE	493 252 252 15 0 239 252 217	0		25.17	.00	.000	.00		.00
ALL OTHER ACCOM	239	1,146		730,702.82	637.61	.011	3057.33		7.23
ANCILLARIES	252	0		1,423,285.80	.00	.000	5647.96		14.08
INPATIENT CROSSOVERS	217	1,340		185,910.80	138.74	.013	856.73		1.84
ALL OTHER INPATIENT	Ü	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8,524	44,627		1,162,497.33	26.05	.441	136.38		11.50
MEDICAL	1,267	1,986		75,721.19	38.13	.020	59.76		.75
SURGERY	750	817		57,460.50	70.33	.008	76.61		.57
PATHOLOGY	2,843	13,599		134,122.42	9.86	.135	47.18		1.33
RADIOLOGY	2,153	3 , 158		228,897.28	72.48	.031	106.32		2.26
ROOM USE	5,612	7 , 675		311,354.90	40.57	.076	55.48		3.08
CROSSOVERS/ALL OTH OUTPTNT		17 , 392		354,941.04	20.41	.172	87.73		3.51
@STATE HOSPITAL	0		\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	547	14,829	\$	1,796,486.48	\$ 121.15	.147 \$	3284.25	\$	17.77
LEV A-INTERMEDIATE	9	249		15 , 781.79	63.38	.002	1753.53		.16
LEV B-REHAB MD	2	42		4,938.73	117.59	.000	2469.37		.05
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50	328.05	.000	4920.75		.10
LEV B-SUBACUTE HSPTL BASED	1 0 533 167	31		16,709.31	539.01	.000	16709.31		.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	533	14,477		1,749,215.15	120.83	.143	3281.83		17.30
@INTERMEDIATE CARE FACILDD	167	5,007	\$	805,398.76	\$ 160.85	.050 \$	4822.75	\$	7.97
ICF DDH	85	2,536		370,679.63	146.17	.025	4360.94		3.67
ICF DD	6	182		23,452.52	128.86	.002	3908.75		.23
ICF DDN/DDCN	76	2,289		411,266.61	179.67	.023	5411.40		4.07
@HEMODIALYSIS TOTAL	85 6 76 223 0 223 30 24 6 4,695	4,758	\$	269,378.16	\$ 56.62	.047 \$	1207.97	\$	2.66
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	223	4,758		269,378.16	56.62	.047	1207.97		2.66
@REHABILITATION FACILITY	30	110	\$	3,135.03	\$ 28.50	.001 \$	104.50	\$.03
HOSPITAL BASED	24	87		2,544.36	29.25	.001	106.02		.03
INDEPENDENT FACILITY	6	23		590.67	25.68	.000	98.45		.01
@LABORATORY FACILITY	4,695	17,243	\$	230,183.25	\$ 13.35	.171 \$	49.03	\$	2.28
PATHOLOGY	4,677	17,222		230,019.36	13.36	.170	49.18		2.28
XO AND OTHERS	18	21		163.89	7.80	.000	9.11		.00
@ORGANIZED OUTPATIENT CLINIC	6,782	12,637	\$	1,713,577.80	\$ 135.60	.125 \$	252.67	\$	16.95
CLINIC	1,002	2,980		76,802.03	25.77	.029	76.65		.76
SURGICENTER	186	876		39,459.55	45.05	.009	212.15		.39
HEROIN DETOX CLINIC	4	76		889.60	11.71	.001	222.40		.01
RURAL HEALTH CLINIC	5,664	8,705		1,596,426.62	183.39	.086	281.85		15.79
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURE	S M					Р	AGE 9,140
									•

FLACER COUNTI	SOMMANT OF SEN	VICES FOR CASH GRANT					
					MON	THLY AVERA	GE
101,082 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9,052	654 , 075 \$	2,483,786.15	\$ 3.80	6.471 \$	274.39	\$ 24.57
DURABLE MED. EQUIP.	806	2 , 579	425,654.99	165.05	.026	528.11	4.21
BLOOD BANK	1	10	148.00	14.80	.000	148.00	.00
HEARING AID DISPENSERS	28	35	6,522.18	186.35	.000	232.94	.06
MEDICAL TRANSPORTATION	1,425	86 , 516	362 , 277.71	4.19	.856	254.23	3.58
AMBULANCES/AIR TRANS	751	9,054	133,923.10	14.79	.090	178.33	1.32
OTHER TRANS	619	76 , 317	209,914.60	2.75	.755	339.12	2.08
OTHER SERVICES	91	1,145	18,440.01	16.10	.011	202.64	.18
ACUPUNCTURE	36	76	1,320.57	17.38	.001	36.68	.01
ADULT DAY HEALTH CARE CTR	673	10,652	710,474.05	66.70	.105	1055.68	7.03
GENETIC DISEASE TESTING	104	105	8,432.00	80.30	.001	81.08	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	198	6,334	248,242.92	39.19	.063	1253.75	2.46
OCCUPATIONAL THERAPIST	21	267	1,801.85	6.75	.003	85.80	.02
OPTICIAN	1,573	3 , 500	39,023.77	11.15	.035	24.81	.39
PHYSICAL THERAPIST	34	419	5,098.61	12.17	.004	149.96	.05
PORTABLE X-RAY	5	6	102.66	17.11	.000	20.53	.00
PROSTHETIST/ORTHOTISTS	220	510	38,575.24	75.64	.005	175.34	.38
PROSTHETICS	209	495	37 , 761.98	76.29	.005	180.68	.37
ORTHOTICS	11	15	813.26	54.22	.000	73.93	.01
PSYCHOLOGIST	22	83	3,413.61	41.13	.001	155.16	.03
SPEECH AND AUDIOLOGY	924	3 , 627	159,815.37	44.06	.036	172.96	1.58
HOSPICE SERVICES	30	855	109,669.14	128.27	.008	3655.64	1.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,817	48,928	165,023.23	3.37	.484	90.82	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,872	489 , 573	198,190.25	.40	4.843	105.87	1.96
@CALIF. CHILDREN SERVICES*	826	18,736	\$ 1,177,249.74	\$ 62.83	.185	\$ 1425.24	\$ 11.65
@XOVER EXCLUDING STATE HOSP**	5 , 948	36,043	\$ 751,432.97	\$ 20.85	.357	\$ 126.33	\$ 7.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,141 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL					01/17/03		
PLACER COUNTY	SUMMARY OF SER	VICES FOR 185% PROGRAM	1 - INFANTS	AID CODES 47 69					
					MON		E		
2,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,166	3 , 674 \$	201,349.80	\$ 54.80	1.561 \$		\$ 85.54		
@PHYSICIANS SERVICES	794	1 , 457 \$	50,398.27	\$ 34.59	.619 \$	63.47	\$ 21.41		
OUTPATIENT VISITS	675	977	31,203.98	31.94	.415	46.23	13.26		
OFFICE VISITS	529	740	22,371.13	30.23	.314	42.29	9.50		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	160	188	7,522.20	40.01	.080	47.01	3.20		
PREVENTIVE CARE	4	4	138.76	34.69	.002	34.69	.06		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	40	45	1,171.89	26.04	.019	29.30	.50		
INPATIENT VISITS	39	108	6,846.06	63.39	.046	175.54	2.91		
HOSPITAL VISITS	36	76	2,988.69	39.32	.032	83.02	1.27		
CRITICAL CARE	6	32	3,857.37	120.54	.014	642.90	1.64		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	2	3	124.77	41.59	.001	62.39	.05		
EXAMINATIONS	2	3	124.77	41.59	.001	62.39	.05		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	4	23	2,022.18	87.92	.010	505.55	.86		
	2	2	1,483.09	741.55	.001	741.55	.63		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	2	21	539.09	25.67	.009	269.55	.23		
ANESTHESIOLOGIST	22	40		75.25	.017	136.82	1.28		
OUTPATIENT SURGERY	17		3,010.00						
PRINCIPAL SURGEON		19	2,230.25	117.38	.008	131.19	.95		
ASSISTANT SURGEON	1	1	131.79	131.79	.000	131.79	.06		
ANESTHESIOLOGIST	5	20	647.96	32.40	.008	129.59	.28		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	20	20	141.40	7.07	.008	7.07	.06		
RADIOLOGY	87	116	1,981.43	17.08	.049	22.78	.84		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	6	10	221.83	22.18	.004	36.97	.09		
OTHER SERVICES/ALL X-OVERS	87	160	4,846.62	30.29	.068	55.71	2.06		
@PHARMACY	464	792 \$	32 , 479.57	\$ 41.01	.336 \$				
PRESCRIPTION DRUGS	455	767	31,856.73	41.53	.326	70.01	13.53		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	455	767	31,856.73	41.53	.326	70.01	13.53		
MEDICAL SUPPLIES	18	25	622.84	24.91	.011	34.60	.26		
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00		
ORAL SURGERY	0	0	.00	.00	.000	.00	.00		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 9,142
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR 185%	PROGRAM	- INFANTS	AID	CODES 47	69				
							M		HLY AVERA		
2,354 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CA	RE		PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	391	\$	12,332.54	\$	31.54	.166		2466.51	\$	5.24
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$		\$.00
NURSE MIDWIFE	1	1	\$	40.91	\$	40.91	.000		40.91	\$.02
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	257	688	\$	85,663.06		124.51	.292	\$	333.32	\$	36.39
HOSP INPATIENT TOTAL	12	57		65,223.73		1144.28	.024		5435.31		27.71
HSC HOSPITALS	7	40		48,175.00		1204.38	.017		6882.14		20.47
NON-HSC HOSPITAL TOTAL	5	17		17,048.73		1002.87	.007		3409.75		7.24
ACCOMMODATIONS	5	17		9,639.65		567.04	.007		1927.93		4.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	17		9,639.65		567.04	.007		1927.93		4.10
ANCILLARIES	5	0		7,409.08		.00	.000		1481.82		3.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	246	631		20,439.33		32.39	.268		83.09		8.68
MEDICAL	38	50		1,378.49		27.57	.021		36.28		.59
SURGERY	9	10		604.01		60.40	.004		67.11		.26
PATHOLOGY	61	163		1,617.42		9.92	.069		26.52		.69
RADIOLOGY	57	64		2,418.40		37.79	.027		42.43		1.03
ROOM USE	203	239		9,174.07		38.39	.102		45.19		3.90
CROSSOVERS/ALL OTH OUTPTNT		105		5,246.94		49.97	.045		74.96		2.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		n	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0					
ROOM USE	Ü		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT			0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			ITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 9,143
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 185	% PROGR	AM - INFANTS	AID CODES 47	69		
						MONT	THLY AVERA	GE
2,354 ELIGIBLES	USERS	UNITS OF SER	VICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
,		OR DAYS OF	CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	257	68		85,663.06	\$ 124.51	.292 \$	333.32	
COMM HOSP INPATIENT TOTAL	12	5		65,223.73	1144.28	.024	5435.31	27.71
	7							
HSC HOSPITALS	/	4		48,175.00	1204.38	.017	6882.14	20.47
NON-HSC HOSPITALS TOTAL	5	1		17,048.73	1002.87	.007	3409.75	7.24
ACCOMMODATIONS	5	1		9,639.65	567.04	.007	1927.93	4.10
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	1	7	9,639.65	567.04	.007	1927.93	4.10
ANCILLARIES	5		0	7,409.08	.00	.000	1481.82	3.15
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	246	63		20,439.33	32.39	.268	83.09	8.68
				•				
MEDICAL	38	5		1,378.49	27.57	.021	36.28	.59
SURGERY	9	1		604.01	60.40	.004	67.11	.26
PATHOLOGY	61	16		1,617.42	9.92	.069	26.52	.69
RADIOLOGY	57	6		2,418.40	37.79	.027	42.43	1.03
ROOM USE	203	23	9	9,174.07	38.39	.102	45.19	3.90
CROSSOVERS/ALL OTH OUTPINT	70	10	5	5,246.94	49.97	.045	74.96	2.23
@STATE HOSPITAL	0		0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$.00	\$.00	.000 \$.00	
	0		0 7		·	·	.00	.00
LEV A-INTERMEDIATE	0		-	.00	.00	.000		
LEV B-REHAB MD	U		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING			0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0		0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	Õ		0	.00	.00	.000	.00	.00
, -	0						.00	
@HEMODIALYSIS TOTAL				.00	\$.00	.000 \$		•
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2		3 \$	168.00	\$ 56.00	.001 \$	84.00	
HOSPITAL BASED	2		3	168.00	56.00	.001	84.00	.07
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	40	7		778.36	\$ 9.85	.034 \$	19.46	
PATHOLOGY	40	7		778.36	9.85	.034	19.46	.33
XO AND OTHERS	0		0	.00	.00	.000	.00	.00
770 7710 011111/0	O		•	.00	• 0 0	• 0 0 0	.00	• • • •

@ORGANIZED OUTPATIENT CLINIC	75	105 \$	14,826.95	\$ 141.21	.045 \$	197.69	\$ 6.30
CLINIC	27	28	487.92	17.43	.012	18.07	.21
SURGICENTER	2	8	237.21	29.65	.003	118.61	.10
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	47	69	14,101.82	204.37	.029		5.99
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 9,144
MOP024	FEE-FOR-SERVICE						01/17/03
PLACER COUNTY		ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		01/11/00
12110211 0001111	0011111111 01 02111	1020 1011 1000 111001411	111111111	1112 00220 17	MON	THLY AVERA	GE
2,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
2,001 111011110	ODLINO	OR DAYS OF CARE	DMI DIVDITORDO	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	158 \$	4,662.14	\$ 29.51		179.31	
DURABLE MED. EQUIP.	8	10	681.10	68.11	.004	85.14	.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	136	3 , 367.93	24.76	.058	336.79	1.43
	9	135	1,567.93	11.61	.057	174.21	.67
AMBULANCES/AIR TRANS OTHER TRANS	0	133	.00	.00	.000	.00	.00
	0	1					
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.76
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	U	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	412.00	51.50	.003	51.50	.18
IHMC, MODEL-NF, NF, AIDS, MSSP	U	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4	201.11	50.28	.002	201.11	.09
@CALIF. CHILDREN SERVICES*	39	179 \$	35,558.03	\$ 198.65	.076 \$	911.74	\$ 15.11
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM ON	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,145
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48	49		
					MON	THLY AVERA	GE
2,919 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,484	15,608 \$	1,663,909.80	\$ 106.61	5.347 \$	669.85	\$ 570.03
@PHYSICIANS SERVICES	1,586	4,984 \$	418,147.59	\$ 83.90	1.707 \$	263.65	\$ 143.25
OUTPATIENT VISITS	895	1,518	96,523.92	63.59	.520	107.85	33.07
OFFICE VISITS	273	333	14,235.83	42.75	.114	52.15	4.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
							_ 1 1 1

9,142.78 55.41 .057

62.20 3.13

147 165

EMERGENCY ROOM

PREVENTIVE CARE	2	2	69.38	34.69	01	34.69	.02
OB VISITS/COMPRE PERI	584	1,008	72,783.53	72.21	345	124.63	24.93
OTHER OUTPATIENT	9	10	292.40	29.24	003	32.49	.10
INPATIENT VISITS	215	543	32 , 975.78	60.73	186	153.38	11.30
HOSPITAL VISITS	206	414	18,266.95	44.12	42	88.67	6.26
CRITICAL CARE	16	129	14,708.83	114.02)44	919.30	5.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	83.38	41.69	01	83.38	.03
EXAMINATIONS	1	2	83.38	41.69	01	83.38	.03
SERVICES AND MATERIALS	0	0	.00	.00	000	.00	.00
INPATIENT HOSPITAL SURGERY	357	1,429	215,984.91	151.14	190	605.00	73.99
PRINCIPAL SURGEON	233	240	181,717.90	757.16	82	779.91	62.25
ASSISTANT SURGEON	45	45	8,021.82	178.26	15	178.26	2.75
ANESTHESIOLOGIST	128	1,144	26,245.19	22.94	392	205.04	8.99
OUTPATIENT SURGERY	151	283	21,200.09	74.91	97	140.40	7.26
PRINCIPAL SURGEON	129	172	17,700.18	102.91)59	137.21	6.06
ASSISTANT SURGEON	4	4	606.41	151.60	01	151.60	.21
ANESTHESIOLOGIST	38	107	2,893.50	27.04	37	76.14	.99
DIALYSIS	0	0	.00	.00	000	.00	.00
PATHOLOGY	240	329	5,917.63	17.99	113	24.66	2.03
RADIOLOGY	480	586	33,680.14	57.47	201	70.17	11.54
PSYCHIATRY	0	0	.00	.00	000	.00	.00
IMMUNIZATION AND INJECTION	55	113	3,168.08	28.04	39	57.60	1.09
OTHER SERVICES/ALL X-OVERS	108	181	8,613.66	47.59	62	79.76	2.95
@PHARMACY	626	1,306	\$ 41,495.54	\$ 31.77	147	\$ 66.29	\$ 14.22
PRESCRIPTION DRUGS	617	1,183	32 , 397.19	27.39	105	52.51	11.10
SNF/ICF	1	3	65.95	21.98	01	65.95	.02
OUTPATIENTS	616	1,180	32,331.24	27.40	104	52.49	11.08
MEDICAL SUPPLIES	55	123	9,098.35	73.97)42	165.42	3.12
@DENTIST	7	24	\$ 139.00	\$ 5.79	800	\$ 19.86	\$.05
VISITS - DIAGNOSTIC	7	21	94.00	4.48	07	13.43	.03
ORAL SURGERY	1	3	45.00	15.00	01	45.00	.02

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITU	IDEC MO		EDODI			DEC		Ъ	AGE 9,146
MOP024			KES MO	NIH-OF-PAIMENI R	LPUR.	I FOR JAN 2	2002 IRRU	DEC	2002	P	01/17/03
	FEE-FOR-SERVICE		DOCDAM	DDD CNIANE A	TD 0/	DDDQ 44 40	4.0				01/1//03
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR 185% P	'ROGRAM	- PREGNANT A	יט מדי	ODES 44 48		ONTEST.		C.D.	
0.010 FITGIBLES							M				
2,919 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	·	.00	.000	·	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	20	50	Ś	2,884.59	\$	57.69	.017	Ś	144.23	\$.99
NURSE ANESTHESIST	0	0	¢	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	28	178	Ċ	10,766.82	\$	60.49	.061		384.53	\$	3.69
PEDIATRIC NURSE PRACTITIONER		0	ې خ	•	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	. 0	0	۶ \$.00	۶ \$.00		۶ \$.00	\$.00
	796	•	۶ \$		۶ \$		1.736			\$	
@TOTAL HOSPITAL		5,068	Ş	1,036,063.09	Ą	204.43		P	1301.59	Þ	354.94
HOSP INPATIENT TOTAL	250	865		970,163.64		1121.58	.296		3880.65		332.36
HSC HOSPITALS	156	428		495,023.25		1156.60	.147		3173.23		169.59
NON-HSC HOSPITAL TOTAL	93	436		474,991.87		1089.43	.149		5107.44		162.72
ACCOMMODATIONS	93	436		196,706.55		451.16	.149		2115.12		67.39
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	93	436		196,706.55		451.16	.149		2115.12		67.39
ANCILLARIES	93	0		278,285.32		.00	.000		2992.32		95.34
INPATIENT CROSSOVERS	1	1		148.52		148.52	.000		148.52		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	632	4,203		65,899.45		15.68	1.440		104.27		22.58
MEDICAL	32	35		1,020.22		29.15	.012		31.88		.35
SURGERY	79	109		3,788.49		34.76	.037		47.96		1.30
PATHOLOGY	363	1,509		15,425.73		10.22	.517		42.50		5.28
RADIOLOGY	129	148		9,406.90		63.56	.051		72.92		3.22
ROOM USE	332	587		20,859.51		35.54	.201		62.83		7.15
CROSSOVERS/ALL OTH OUTPINT		1,815		15,398.60		8.48	.622		56.20		5.28
@COUNTY HOSPITAL TOTAL	0	0	\$	8.06	Ś	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	т	.00	Τ.	.00	.000	7	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1100 11001 111110	O	O		.00		• 0 0	.000		• • • •		• • • •

NON-HEST HOSEPITALS TOTAL											
ACCOMMODITIONS ADMINISTRATIVE DAYS 0 0 0 0 0 0 00 000 000 000 000 AMINISTRATIVE DAYS 0 0 0 0 0 0 0 000 000 000 000 ANIOTARNSITIONAL IF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
AMMINISTRATIVE DAYS J 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
TRANSITIONAL IF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 00 000 000 000 INFATIENT CROSSOVERS 0 0 0 0 0 0 0 00 000 000 INFATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
THEATERNT CROSSOVERS		0	0								
ALL OTHER INPATIENT 0 0 0 8.06 .00 .000 .00 .00 .00 .00 MEDICAL 0 0 0 8.06 .00 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 0 8.06 .00 .00 .00 .00 .00 .00 .00 .00 .00		0	0				.00				
MEDICAL MEDI		0	0				.00				
MEDICAL 0		0	0				.00				
SURGERY		0	0				.00				
RADIOLOGY ROM USE 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	SURGERY	0	0				.00		.00		.00
ROOM USE	PATHOLOGY	0	0		.00)	.00	.000	.00		.00
CCOSSOVERS/ALL OTH OUTPYNT	RADIOLOGY	0	0		.00)	.00	.000	.00		.00
#CALIF DEET OF HEALTH SERV MODD24	ROOM USE	0	0		8.06	5	.00	.000	.00		.00
MOPO24 FEE_FOR_SERVICE / DENTAL SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00)	.00	.000	.00		.00
PLACER COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49				TURES MON	TH-OF-PAYMENT	REPOR	RT FOR JAN 2	2002 THRU DE	EC 2002	P	
2,919 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS											01/17/03
COMMINITY HOSPITAL TOTAL	PLACER COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT	AID C	CODES 44 48				
COMMUNITY HOSPITAL TOTAL	0.010.======										
COMMINITY HOSPITAL TOTAL 796 5,068 1,036,055.03 204.43 1.736 1301.58 354.93	2,919 ELIGIBLES	USERS			EXPENDITURES						
COMM HOSP INPATIENT TOTAL 250	0.000,000,000,000,000,000,000,000,000,0	706			1 000 055 00						
HSC HOSPITALS 156	-		•	Ş						\$	
NON-HSC HOSPITALS TOTAL 93 436 474,991.87 1089.43 1.49 5107.44 162.72											
ACCOMMODATIONS 93 436 196,706.55 451.16 .149 2115.12 67.39 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00											
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00					•						
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
ALL OTHER ACCOM 93 436 196,706.55 451.16 .149 2115.12 67.39 ANCILLARIES 93 0 278,285.32 .00 .000 2992.32 95.34 INPATIENT CROSSOVERS 1 1 1 148.52 148.52 .000 148.52 .05 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00		•	-								
ANCILLARIES 93 0 278,285.32 .00 .000 2992.32 95.34 INPATIENT CROSSOVERS 1 1 1 148.52 148.52 .000 148.52 .05 ALL OTHER INPATIENT TOTAL 632 4,203 65,891.39 15.68 1.440 104.26 22.57 MEDICAL 32 35 1,020.22 29.15 .012 31.88 .35 SURGERY 79 109 3,788.49 34.76 .037 47.96 1.30 PATHOLOGY 363 1,509 15,425.73 10.22 .517 42.50 5.28 RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPINT 274 1,815 15,398.60 8.48 .622 56.20 5.28 GSTATE HOSPITAL 0 0 0 \$.000 \$.0		•									
INPATIENT CROSSOVERS 1 1 1 1 148.52 148.52 .000 148.52 .05 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 632 4,203 65,891.39 15.68 1.440 104.26 22.57 MEDICAL 32 35 1,020.22 29.15 .012 31.88 .35 SURGERY 79 109 3,788.49 34.76 .037 47.96 1.30 PATHOLOGY 363 1,509 15,425.73 10.22 .517 42.50 5.28 RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPTNT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .000 \$.00 MENTALLY ILL 0 0 0 0 \$.00 \$.00 .000 .00 .00 DEVELOP. DISABLED 0 0 0 \$.00 \$.00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 .00 .00 .00 EV B-REHAB MD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
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COMM HOSP OUTPATIENT TOTAL 632 4,203 65,891.39 15.68 1.440 104.26 22.57 MEDICAL 32 35 1,020.22 29.15 .012 31.88 .35 SURGERY 79 109 3,788.49 34.76 .037 47.96 1.30 PATHOLOGY 363 1,509 15,425.73 10.22 .517 42.50 5.28 RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPTNT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .			_								
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SURGERY 79 109 3,788.49 34.76 .037 47.96 1.30 PATHOLOGY 363 1,509 15,425.73 10.22 .517 42.50 5.28 RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPTNT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 0 \$.00 \$.00 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 \$.00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 \$.00 \$.00 EVY A-INTERMEDIATE 0 0 0 \$.00 \$.00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00			•		•						
PATHOLOGY 363 1,509 15,425.73 10.22 .517 42.50 5.28 RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPTNT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00					•						
RADIOLOGY 129 148 9,406.90 63.56 .051 72.92 3.22 ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPTNT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 \$.00 \$.00 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 \$.00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 .00 \$.00 LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 0 .00 .00 .00 .00 .00											
ROOM USE 332 587 20,851.45 35.52 .201 62.81 7.14 CROSSOVERS/ALL OTH OUTPINT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00<			•								
CROSSOVERS/ALL OTH OUTPINT 274 1,815 15,398.60 8.48 .622 56.20 5.28 @STATE HOSPITAL 0 0 \$.00 .00 .00 \$.00 \$.00					•						
@STATE HOSPITAL 0 0 \$.00 \$.00					•						
MENTALLY ILL 0 0 .0			•	Ś	•					Ś	
DEVELOP. DISABLED 0 0 .00 <	-			Τ				· ·		т	
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 </td <td></td>											
LEV A-INTERMEDIATE 0 0 .00		0		Ś						Ś	
LEV B-REHAB MD 0 0 .00	-	0	0					· ·			
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00		0	0								
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00		0	0								
		0	0								
	LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		.00	\$.00
GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY PATHOLOGY XO AND OTHERS GORGANIZED OUTPATIENT CLINIC	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0 2,054		.00 32,132.01		.00	.000		.00		.00
@LABORATORY FACILITY	764	2 , 054	\$	32,132.01	\$	15.64	.704			\$	
PATHOLOGY	764	2 , 054		JZ, IJZ.UI		10.04	.704				11.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	343	1,449	\$	99,983.71			.496			\$	34.25
CLINIC	201	1,092		34,363.35		31.47	.374		170.96		11.77
SURGICENTER	5	28		34,363.35 972.16		34.72	.010		170.96 194.43		.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	329		64,648.20		196.50	.113		471.88		22.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT F	REPORT	FOR JAN 2				PAC	GE 9,148
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLACER COUNTY			PROGRAI	M - PREGNANT A	AID CO	DES 44 48	49				, , , ,
				-			M	ONTH	LY AVERA	GE	
2,919 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST					OST PER
2,313 221012220	0.221.0	OR DAYS OF CA		2111 2113 1 1 0 1 1 2 2		UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	224	495	\$	22,297.45		45.05			99.54		
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1	1	т	100 00	Ψ		.000		100.00	т	.03
BIOOD BYNK	0	0		100.00		100.00	.000		.00		.00
DECOD DANK	0	0		.00		.00	.000		.00		.00
MEDICAL MDANCDODMAMION	1 7	284		.00 2,935.30		10 24	.000		172 66		1.01
MEDICAL TRANSPORTATION	1.6			2,933.30		10.34	.097		.00 172.66 176.70 108.10		.97
AMBULANCES/AIR TRANS	10	226		2,827.20 108.10		12.51	.077		1/6./0		
OTHER TRANS	0	58					.020		108.10		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	202	58 0 0 0 203		18,230.50			.070		90.25		6.25
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		. 00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	2	3		160.89		53.63 36.10	.001		80.45		.06
PROSTHETICS	1	2		72.20		36.10	.001				.02
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	1	1		88.69		88.69	.000		88.69		.03
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	1	1		850.00		850.00	.000		.00 850.00		.29
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	000		0.0		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	1	3		20.76		6.92	.000		20.76		.01
@CALIF. CHILDREN SERVICES*	9	93	\$	40,014.76		430.27	032	Ś	4446.08	Ś	13.71
@XOVER EXCLUDING STATE HOSP**		0	'			.00			148.52		.05
@* TOTALS IN THESE LINES ARE					٧	• 0 0	•000	Υ	110.02	۲	• 0 0
THE AMOUNTS ARE ALREADY IN				•							
** THESE DATA ARE INCLUDED I				ABOVE.							
				NIELL OF DAVMENE L	שמסחשכ	EOD TAN C	וומווש כסס	DEC	2002	D7.	CE 0 140
#CALIF DEPT OF HEALTH SERV			OKES M	ONID-OL-BAIMENT F	ALFUKT	FUR JAN 2	LUUZ THKU	NEC	2002	PAC	•
	FEE-FOR-SERVICE		v noom	DADMIM DDOCDAM		ATD CODE	76				01/17/03
PLACER COUNTY	SUMMARY OF SERV	LCES FOR 6U-DA	ı POST	PAKTUM PKUGKAM		AID CODE		ONTERT	T 1/	CE	
EQ ELICIPIES	HCEDC	INTEC OF CERT	CF.	EADENDIMIDEC	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		M				

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

52 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	24	62 \$	2,003.69	\$ 32.32	1.192 \$	83.49	\$ 38.53
@PHYSICIANS SERVICES	10	18 \$	870.85	\$ 48.38	.346 \$	87.09	\$ 16.75
OUTPATIENT VISITS	5	5	170.36	34.07	.096	34.07	3.28
OFFICE VISITS	3	3	85.50	28.50	.058	28.50	1.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.019	24.38	.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.019	60.48	1.16
OTHER OUTPATIENT	1	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT VISITS	0	· · · · · · · · · · · · · · · · · · ·	1.30	.00	.000	.00	.03
HOSPITAL VISITS	0	0	1.30	.00	.000	.00	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	2.45
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	2.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	408.36	58.34	.135	136.12	7.85
PRINCIPAL SURGEON	2	2	262.38	131.19	.038	131.19	5.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	145.98	29.20	.096	145.98	2.81
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	104.44	20.89	.096	34.81	2.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	1					1.14
	1		59.03	59.03	.019	59.03	
OTHER SERVICES/ALL X-OVERS	Ü	0	.00	.00	.000	.00	.00
@PHARMACY	5	8 \$	335.77	\$ 41.97	.154 \$		
PRESCRIPTION DRUGS	5	8	335.77	41.97	.154	67.15	6.46
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	8	335.77	41.97	.154	67.15	6.46
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES M					PAGE 9,150
MOP024	FEE-FOR-SERVICE		ONTH OF PAIMENT R.	DIOKI TOK OAN	ZOUZ INKU DE	C 2002	01/17/03
PLACER COUNTY		JOENTAL VICES FOR 60-DAY POST	DADMIM DDOCDAM	YID CODE	7.6		01/11/03
FLACER COUNTI	POLIMANT OF SEK/	TORS FOR 00-DAI POST	TANTUM TRUGRAM	AID CODE		יגרויוע אוויי	GE
52 ELIGIBLES	HOEDO	INTER OF CERTICE	EADEMPT WITH G	VALDACE COOM	MON		02
NS THIGIRPES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	ONTIS/DAIS	CODI LEK	COST PER

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	19	\$ 413.32	\$ 21.75	.365	\$ 103.33	\$ 7.95
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	19	413.32	21.75	.365	103.33	7.95
MEDICAL	0	0	14.31	.00	.000	.00	.28
SURGERY	1	1	45.70	45.70	.019	45.70	.88
PATHOLOGY	1	5	43.29	8.66	.096	43.29	.83

RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	3		201.11	67.04	.058	100.56		3.87
CROSSOVERS/ALL OTH OUTPINT	3	10		108.91	10.89	.192	36.30		2.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUF	RES MONTH-OF	-PAYMENT REPO	ORT FOR JAN	2002 THRU DI	EC 2002	PAGE	9,151
MOP024	FEE-FOR-SERVICE/DENTAL							01,	/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PARTUM	PROGRAM	AID CODE	76			
						MOI	ITHLY AVERAC	FE	

					MON	THLY AVERA	GE
52 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	19 \$	413.32	\$ 21.75	.365 \$	103.33	\$ 7.95
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	413.32	21.75	.365	103.33	7.95
MEDICAL	0	0	14.31	.00	.000	.00	.28
SURGERY	1	1	45.70	45.70	.019	45.70	.88
PATHOLOGY	1	5	43.29	8.66	.096	43.29	.83
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	201.11	67.04	.058	100.56	3.87
CROSSOVERS/ALL OTH OUTPTNT	3	10	108.91	10.89	.192	36.30	2.09
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	6	9	\$	186.04	\$	20.67	.173	\$ 31.01	\$	3.58
PATHOLOGY	6	9		186.04		20.67	.173	31.01		3.58
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	197.71		24.71	.154		\$	3.80
CLINIC	2	8		197.71		24.71	.154	98.86		3.80
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR:	ES MONTH-OF-	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAC	•
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PARTUM	PROGRAM		AID CODE	76			
							M	IONTHLY AVERA	AGE	

						IHLI AVERAGI	
52 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,153 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 PLACER COUNTY

STOTAL, ALL PROVIDERS							TNOM	HLY AVERA	GE ·	
### PROPERTIES 3,674	5,325 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DA	YS	COST PER	(COST PER
#PRINSICIANS SERVICES			OR DAYS OF CARE		PER UNIT/	DAY PER ELI	G	USER	Ţ	ELIGIBLE
OUTHATIENT VISITS	@TOTAL, ALL PROVIDERS	3,674	19,344 \$	1,867,263.29	\$ 96.5	3 3.633	\$	508.24	\$	350.66
OFFICE VISITS	@PHYSICIANS SERVICES	2,390	6,459 \$	469,416.71	\$ 72.6	8 1.213	\$	196.41	\$	88.15
BMME_VISITS	OUTPATIENT VISITS	1,575	2,500	127,898.26	51.1	.469		81.21		24.02
PREMERCY NOOM	OFFICE VISITS	805	1,076	36,692.46	34.1	0 .202		45.58		6.89
REWVENTIVE CARE 6	HOME VISITS	0	0	.00	.0	0 .000		.00		.00
ON VISITS/COMPRE PERT	EMERGENCY ROOM	308	354	16,689.36	47.1	5 .066		54.19		3.13
OTHER OUTPATIENT 49	PREVENTIVE CARE	6	6		34.6	.001		34.69		.04
TIMPATIENT VISITIS	OB VISITS/COMPRE PERI	585	1,009		72.1	9 .189		124.52		13.68
ROSPITAL VISITE	OTHER OUTPATIENT	49	55	1,464.29	26.6	.010		29.88		.27
CRITICAL CARE 22 161 18,566.20 115.32 .030 843.92 3.49 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT VISITS	254	651	39,823.14	61.1	7 .122		156.78		7.48
SMF/ICF/TRANS IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	242	490	21,256.94	43.3	8 .092		87.84		3.99
OPERHALMOLOGICAL SERVICES 3	CRITICAL CARE	22	161	18,566.20	115.3	2 .030		843.92		3.49
EXAMINATIONS 3 5 208.15 41.63 .001 69.38 .00 SRRVICES AND MACERIALS 0 0 .00 .00 .00 .00 .00 .00 .00 IMPATIENT HOSPITAL SURGERY 361 1,452 218,134.45 150.23 2.73 604.25 40.96 PRINCIPAL SURGERON 25 242 18.328.35 757.56 .045 780.12 34.43 ASSISTANT SURGEON 45 45 8.021.82 178.26 .008 178.26 1.51 AMESTHERSIOLOGIST 100 1,165 26.784.28 22.99 2.19 206.03 5.03 OUTATIENT SURGERY 176 330 24.618.45 74.60 .062 139.88 4.62 PRINCIPAL SURGERY 176 330 24.618.45 74.60 .062 139.88 4.62 PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 7 738.20 147.64 .001 147.64 1.44 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .001 147.64 1.44 ANESTHESIOLOGIST 5 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 263 354 6,63.47 17.41 .066 23.44 1.16 RADIOLOGY 567 702 35,661.57 50.80 .132 62.36 6.70 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 PSYCHIATRY 1,095 341 13,460.28 39.47 .064 69.03 2.53 OTHER SERVICES/ALL X-OVERS 195 2,106 5 74.310.88 \$35.29 .395 67.86 \$1.396 PRESCRIPTION DRUGS 1,077 1,958 64,589.69 32.99 .368 59.97 12.13 SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 SEPHATEST 7 24 \$ 139.00 \$ 5.79 .005 \$1.93.7 12.13 SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 SEPHITEST 7 24 \$ 139.00 \$ 5.79 .005 \$1.936 \$.00 OUTATIENT SURGERY 1 3 3 45.00 15.00 .000 .00 ANESTHESIA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SNF/ICF/TRANS IP CARE	0	0	.00	.0	0 .000		.00		.00
SERVICES AND MATERIALS 0	OPHTHALMOLOGICAL SERVICES	_	5	208.15	41.6	.001		69.38		.04
INPATIENT HOSPITAL SURGENY 361	EXAMINATIONS	3	5	208.15				69.38		.04
PRINCIPAL SURGEON 45 45 8,021.82 178.26 .045 780.12 34.43 ASSISTANT SURGEON 45 45 8,021.82 178.26 .008 178.26 1.51 ANESTHESIOLOGIST 130 1,165 26,784.28 22.99 219 206.03 5.03 0174 1715 178.26 .008 178.26 1.51 ANESTHESIOLOGIST 130 1,165 26,784.28 22.99 219 206.03 5.03 0174 175 178.26 .008 178.26 1.51 ANESTHESIOLOGIST 176 330 24,618.45 74.60 .062 139.88 4.52 PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 6.99 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SERVICES AND MATERIALS	0	0	.00	.0	0 .000		.00		.00
ASSISTANT SURGEON 45 45 45 8,021.82 178.26 .008 178.26 1.51 ANSSTRESICLOGIST 130 1,165 26,784.28 22.99 .219 206.03 5.03 0UTPATIENT SURGEON 176 330 24,618.45 74.60 .062 139.88 4.62 PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 263 354 6,163.47 17.41 .066 23.44 1.16 ANESTHEOLOGY 567 702 35,661.57 50.80 .132 62.90 6.70 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT HOSPITAL SURGERY	361	1,452	218,134.45	150.2	3 .273		604.25		40.96
ASSISTANT SURGEON 45 45 45 8,021.82 178.26 .008 178.26 1.51 ANSSTRESICLOGIST 130 1,165 26,784.28 22.99 .219 206.03 5.03 0UTPATIENT SURGEON 176 330 24,618.45 74.60 .062 139.88 4.62 PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 263 354 6,163.47 17.41 .066 23.44 1.16 ANESTHEOLOGY 567 702 35,661.57 50.80 .132 62.90 6.70 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	235	242	183,328.35				780.12		34.43
OUTPATIENT SURGERY 176 330 24,618.45 74.60 .062 139.88 4.62 PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0 .00 .00 .00 .000 .000 .000 .00	ASSISTANT SURGEON	45	45		178.2	6 .008		178.26		1.51
PRINCIPAL SURGEON 148 193 20,192.81 104.63 .036 136.44 3.79 ASSISTANT SURGEON 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIOLOGIST	130	1,165	26,784.28	22.9	9 .219		206.03		5.03
ASSISTANT SURGEON 5 5 5 738.20 147.64 .001 147.64 .14 ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0.00 .00 .00 .000 .000 .00 .00 .00	OUTPATIENT SURGERY	176	330	24,618.45	74.6	.062		139.88		4.62
ANESTHESIOLOGIST 44 132 3,687.44 27.94 .025 83.81 .69 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	148	193	20,192.81	104.6	.036		136.44		3.79
DIALYSIS	ASSISTANT SURGEON	5	5	738.20	147.6	.001		147.64		.14
PATHOLOGY 567 702 35,661.57 50.80 .132 62.90 6.70 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANESTHESIOLOGIST	44	132	3,687.44	27.9	4 .025		83.81		.69
RADIOLOGY 567 702 35,661.57 50.80 .132 62.90 6.70 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	DIALYSIS	0	0	.00	.0	0 .000		.00		.00
PSYCHIATRY 0	PATHOLOGY	263	354	6,163.47	17.4	1 .066		23.44		1.16
IMMUNIZATION AND INJECTION 62 124 3,448.94 27.81 .023 55.63 .65 OTHER SERVICES/ALL X-OVERS 195 341 13,460.28 39.47 .064 69.03 2.53 OTHER SERVICES 1,095 2,106 74,310.88 535.29 .395 67.86 13.96 PRESCRIPTION DRUGS 1,077 1,958 64,589.69 32.99 .368 59.97 12.13 SNF/ICF 1 3 65.95 21.98 .001 65.95 .01 OUTPATTENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 OEDITIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 OTAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 0 0.00 .00 .00 .00 ANESTHESIA 0 0 0 0.00 .00 .00 .00 PERIODONTICS 0 0 0 0.00 .00 .00 .00 PERIODONTICS 0 0 0 0.00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 0 0.00 .00 .00 .00 PROSTHETICS 0 0 0 0.00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0.00 .00 .00 .00 SPACE MAINTAINERS 0 0 0.00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0.00 .00 .00 .00 ORTHODONTICS 0 0 0 0 0.00 .00 .00 .00 ORTHODONTICS 0 0 0 0.00 .00 .00 .00 .00 ORTHODONTICS 0 0 0 0 0 0 0 .00 .00 .00 ORTHODONTICS 0 0 0 0 0 0 0 0 0	RADIOLOGY	567	702	35,661.57	50.8	0 .132		62.90		6.70
OTHER SERVICES/ALL X-OVERS 195 341 13,460.28 39.47 .064 69.03 2.53 GPHARMACY 1,095 2,106 \$ 74,310.88 \$ 35.29 .395 \$ 67.86 \$ 13.96 PRESCRIPTION DRUGS 1,077 1,958 64,589.69 32.99 .368 59.97 12.13 SNF/ICF 1 3 65.95 21.98 .001 65.95 .01 OUTPATIENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 GENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .00 DRU	PSYCHIATRY	0	0	.00	.0	0 .000		.00		.00
@PHARMACY 1,095 2,106 \$ 74,310.88 \$ 35.29 .395 \$ 67.86 \$ 13.96 PRESCRIPTION DRUGS 1,077 1,958 64,589.69 32.99 .368 59.97 12.13 SNF/ICF 1 3 65.95 21.98 .001 65.95 .01 OUTPATIENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 QDENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <td>IMMUNIZATION AND INJECTION</td> <td>62</td> <td>124</td> <td>3,448.94</td> <td>27.8</td> <td>1 .023</td> <td></td> <td>55.63</td> <td></td> <td>.65</td>	IMMUNIZATION AND INJECTION	62	124	3,448.94	27.8	1 .023		55.63		.65
@PHARMACY 1,095 2,106 \$ 74,310.88 \$ 35.29 .395 \$ 67.86 \$ 13.96 PRESCRIPTION DRUGS 1,077 1,958 64,589.69 32.99 .368 59.97 12.13 SNF/ICF 1 3 65.95 21.98 .001 65.95 .01 OUTPATIENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 QDENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <td>OTHER SERVICES/ALL X-OVERS</td> <td>195</td> <td>341</td> <td>13,460.28</td> <td>39.4</td> <td>7 .064</td> <td></td> <td>69.03</td> <td></td> <td>2.53</td>	OTHER SERVICES/ALL X-OVERS	195	341	13,460.28	39.4	7 .064		69.03		2.53
SNF/ICF 1 3 65.95 21.98 .001 65.95 .01 OUTPATIENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 @DENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 .00	@PHARMACY	1,095	2,106 \$	74,310.88	\$ 35.2	9 .395	\$	67.86	\$	13.96
OUTPATIENTS 1,076 1,955 64,523.74 33.00 .367 59.97 12.12 MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 @DENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 </td <td>PRESCRIPTION DRUGS</td> <td>1,077</td> <td>1,958</td> <td>64,589.69</td> <td>32.9</td> <td>9 .368</td> <td></td> <td>59.97</td> <td></td> <td>12.13</td>	PRESCRIPTION DRUGS	1,077	1,958	64,589.69	32.9	9 .368		59.97		12.13
MEDICAL SUPPLIES 73 148 9,721.19 65.68 .028 133.17 1.83 @DENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .0		1	3		21.9			65.95		.01
@DENTIST 7 24 \$ 139.00 \$ 5.79 .005 \$ 19.86 \$.03 VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00 PERIODONTICS 0 0 .00	OUTPATIENTS	1,076	1,955	64,523.74	33.0	0 .367		59.97		12.12
VISITS - DIAGNOSTIC 7 21 94.00 4.48 .004 13.43 .02 ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 0 .00 .00 .000 .00 .00 ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 PERIODONTICS 0 0 0 .00<	MEDICAL SUPPLIES	73	148	9,721.19	65.6	.028		133.17		1.83
ORAL SURGERY 1 3 45.00 15.00 .001 45.00 .01 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	@DENTIST	7	24 \$	139.00	\$ 5.7	9 .005	\$	19.86	\$.03
DRUGS 0 0 0 0 0 00 00 000 000 000 000 000 0	VISITS - DIAGNOSTIC	7	21	94.00	4.4	8 .004		13.43		.02
ANESTHESIA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ORAL SURGERY	1	3	45.00	15.0	0 .001		45.00		.01
PERIODONTICS 0 0 .0	DRUGS	0	0	.00	.0	0 .000		.00		.00
ENDODONTICS 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	ANESTHESIA	0	0	.00	.0	0 .000		.00		.00
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PERIODONTICS	0	0	.00	.0	0 .000		.00		.00
PROSTHETICS 0 0 .00	ENDODONTICS	0	0	.00	.0	0 .000		.00		.00
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RESTORATIVE DENTISTRY	0	0	.00	.0	0 .000		.00		.00
SPACE MAINTAINERS 0 0 .00 <	PROSTHETICS	0	0	.00	.0	0 .000		.00		.00
SPACE MAINTAINERS 0 0 .00	DENTURES, STAYPLATES	0	-	.00	.0	0 .000		.00		.00
FRACTURES, DISLOCATIONS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .		0	0	.00	.0	0 .000		.00		.00
FRACTURES, DISLOCATIONS 0 0 .00<		0	0	.00	.0					.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00		0	0	.00	.0			.00		.00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00		0	0	.00	.0	0 .000		.00		.00
	ALL OTHER SERVICES	0	0	.00	.0	0 .000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,154 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

PLACER COUNTY	SUMMARY OF SERV	TCES FOR	185%/60	-DAY PF	AID CODES	44 4	/ 48 49 69				~-	
5 205										HLY AVERA	GE	
5,325 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	25		441	\$	•	\$	34.51	.083		608.69	\$	2.86
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	29		179	\$	10,807.73	\$	60.38	.034	\$	372.68	\$	2.03
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,057	Į	5 , 775	\$		\$	194.31	1.085	\$	1061.63	\$	210.73
HOSP INPATIENT TOTAL	262		922		1,035,387.37		1122.98	.173		3951.86		194.44
HSC HOSPITALS	163		468		543,198.25		1160.68	.088		3332.50		102.01
NON-HSC HOSPITAL TOTAL	98		453		492,040.60		1086.18	.085		5020.82		92.40
ACCOMMODATIONS	98		453		206,346.20		455.51	.085		2105.57		38.75
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	98		453		206,346.20		455.51	.085		2105.57		38.75
ANCILLARIES	98		0		285,694.40		.00	.000		2915.25		53.65
INPATIENT CROSSOVERS	1		1		148.52		148.52	.000		148.52		.03
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	882	4	4,853		86,752.10		17.88	.911		98.36		16.29
MEDICAL	70		85		2,413.02		28.39	.016		34.47		.45
SURGERY	89		120		4,438.20		36.99	.023		49.87		.83
PATHOLOGY	425		1,677		17,086.44		10.19	.315		40.20		3.21
RADIOLOGY	186		212		11,825.30		55.78	.040		63.58		2.22
ROOM USE	537		829		30,234.69		36.47	.156		56.30		5.68
CROSSOVERS/ALL OTH OUTPTNT	347		1,930		20,754.45		10.75	.362		59.81		3.90
@COUNTY HOSPITAL TOTAL	0		0	\$	8.06	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ō		8.06		.00	.000		.00		.00
MEDICAL	0		Ō		.00		.00	.000		.00		.00
SURGERY	Ō		Ö		.00		.00	.000		.00		.00
PATHOLOGY	0		Ō		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	8.06	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2002	2 THRU DE	C 2002	PAGE 9,155
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 185%/60-DAY	PP AID CODES 44 47	48 49 69 76			

							MC	TNC	THLY AVERA	GE	
5,325 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	3	COST PER	1	COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,057	5 , 775	\$	1,122,131.41	\$	194.31	1.085	\$	1061.62	\$	210.73
COMM HOSP INPATIENT TOTAL	262	922		1,035,387.37		1122.98	.173		3951.86		194.44
HSC HOSPITALS	163	468		543,198.25		1160.68	.088		3332.50		102.01
NON-HSC HOSPITALS TOTAL	98	453		492,040.60		1086.18	.085		5020.82		92.40
ACCOMMODATIONS	98	453		206,346.20		455.51	.085		2105.57		38.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	98	453		206,346.20		455.51	.085		2105.57		38.75
ANCILLARIES	98	0		285,694.40		.00	.000		2915.25		53.65
INPATIENT CROSSOVERS	1	1		148.52		148.52	.000		148.52		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	882	4,853		86,744.04		17.87	.911		98.35		16.29
MEDICAL	70	85		2,413.02		28.39	.016		34.47		.45
SURGERY	89	120		4,438.20		36.99	.023		49.87		.83
PATHOLOGY	425	1,677		17,086.44		10.19	.315		40.20		3.21
RADIOLOGY	186	212		11,825.30		55.78	.040		63.58		2.22
ROOM USE	537	829		30,226.63		36.46	.156		56.29		5.68
CROSSOVERS/ALL OTH OUTPTNT	347	1,930		20,754.45		10.75	.362		59.81		3.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	3	\$	168.00	\$	56.00	.001	\$	84.00	\$.03
HOSPITAL BASED	2	3		168.00		56.00	.001		84.00		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	810	2,142	\$	33,096.41	\$	15.45	.402	\$	40.86	\$	6.22
PATHOLOGY	810	2,142		33,096.41		15.45	.402		40.86		6.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	420	1,562	\$	115,008.37	\$	73.63	.293	\$	273.83	\$	21.60
CLINIC	230	1,128		35,048.98		31.07	.212		152.39		6.58
SURGICENTER	7	36		1,209.37		33.59	.007		172.77		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	184	398		78 , 750.02		197.86	.075		427.99		14.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES N	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	002 THRU	DEC	2002	PI	AGE 9,156
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	R 185%/	60-DAY	PP AID CODES	44 47						
							M	TIO	HLY AVERA	.GE -	

					MON	THLY AVERA	GE
5,325 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	250	653 \$	26,959.59	\$ 41.29	.123 \$	107.84	\$ 5.06
DURABLE MED. EQUIP.	9	11	781.10	71.01	.002	86.79	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	420	6,303.23	15.01	.079	233.45	1.18
AMBULANCES/AIR TRANS	25	361	4,395.13	12.17	.068	175.81	.83
OTHER TRANS	1	58	108.10	1.86	.011	108.10	.02
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.34
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	210	211	18,642.50	88.35	.040	88.77	3.50
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	160.89	53.63	.001	80.45	.03
PROSTHETICS	1	2	72.20	36.10	.000	72.20	.01
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.02
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	850.00	850.00	.000	850.00	.16
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2	7	221.87	31.70	.001	110.94	.04
@CALIF. CHILDREN SERVICES*	48	272	\$ 75,572.79	\$ 277.84	.051	\$ 1574.43	\$ 14.19
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 148.52	\$.00	.000	\$ 148.52	\$.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,157 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,245 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21,578 17.332 \$ 388.25 \$ 312.78 @TOTAL, ALL PROVIDERS 1,003 389,416.84 \$ 18.05 177 466 7,021.31 15.07 .374 \$ 39.67 \$ @PHYSICIANS SERVICES 5.64 .00 0 0 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 . 00 . 00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 .00 .00 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 .001 RADIOLOGY 25.98 25.98 25.98 .02 .000 PSYCHIATRY 0 0 465 .00 .00 .00 .00 0 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 177 6,995.33 15.04 .373 39.52 5.62 @PHARMACY 936 13,083 273,027.52 \$ 20.87 10.508 \$ 291.70 \$ 219.30 PRESCRIPTION DRUGS 931 4,229 260,854.12 61.68 3.397 280.19 209.52 8.8 1.5 3,195.59 36.31 .071 213.04 2.57 SNF/ICF 920 3.326 280.06 4,141 257,658.53 62.22 206.95 OUTPATIENTS 104 MEDICAL SUPPLIES 8,854 12,173.40 1.37 7.112 117.05 9.78 137 38.88 @DENTIST 41 5,326.38 \$.110 \$ 129.91 \$ 4.28 VISITS - DIAGNOSTIC 29 99 1,435.38 14.50 .080 49.50 1.15 4 343.00 68.60 85.75 ORAL SURGERY .004 .28 .00 .00 .000 .00 DRUGS . 00 0 .00 .00 .00 .000 .00 ANESTHESIA 190.00 47.50 .003 190.00 .15 PERIODONTICS .00 ENDODONTICS .00 .000 .00 .00 12 1,963.00 RESTORATIVE DENTISTRY 115.47 .014 163.58 1.58 PROSTHETICS .00 .00 .001 .00 .00

DENTURES, STAYPLATES	7	11	1,395.00	126.82	.009	199.29	1.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 9,158
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR TITLE II I	DISREGARD - AGED	AID CODE	16		
					MC	ONTHLY AVERAG	E

PLACER COUNTY	SUMMARY OF SER	VICES FOR	TITLE I	II DIS	REGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
1,245 ELIGIBLES	USERS	UNITS OF	SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	€		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	27		64	\$	1,285.57	\$	20.09	.051	\$	47.61	\$	1.03
DIAGNOSTIC AND ANC. PROCED	6		6		233.40		38.90	.005		38.90		.19
EYE APPLIANCES	16		42		728.33		17.34	.034		45.52		.59
OTHER OPTOMETRIC SERVICES	9		16		323.84		20.24	.013		35.98		.26
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	14		15	\$	217.09	\$	14.47	.012	\$	15.51	\$.17
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	14		15		217.09		14.47	.012		15.51		.17
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	67		468	\$	18,582.36	\$	39.71		\$	277.35	\$	14.93
HOSP INPATIENT TOTAL	16		100		12,082.65		120.83	.080		755.17		9.70
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16		100		12,082.65		120.83	.080		755.17		9.70
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	53		368		6,499.71		17.66	.296		122.64		5.22
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		-		.00		.00	.000		.00		.00
ROOM USE	· ·		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		368	Ċ	6,499.71	÷	17.66	.296	Ċ	122.64	Ś	5.22
@COUNTY HOSPITAL TOTAL			0	\$.00	\$.00	.000	Ş	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00			.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
VIICTHIVITES	U		U		.00		.00	.000		.00		• 0 0

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ROOM USE	0	0				.00	.000				.00
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000	D= 0	.00	_	.00
#CALIF DEPT OF HEALTH SERV			CURES N	MONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	Ρ.	AGE 9,159
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE	E II DI	ISREGARD - AGED		AID CODE					
							M				
1,245 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CA	ARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67	468	\$	18,582.36	\$	39.71	.376	\$	277.35	\$	14.93
COMM HOSP INPATIENT TOTAL	16	100		12,082.65		120.83	.080		755.17		9.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	16	100		12,082.65		120.83	.080		755.17		9.70
ALL OTHER INPATIENT	0	0.01		.00		.00	.000		.00		.00
	53	368		6,499.71		17.66	.296		122.64		5.22
COMM HOSP OUTPATIENT TOTAL	0										
MEDICAL	•	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	53	368		6,499.71		17.66	.296		122.64		5.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	189	\$	25 , 369.59	\$	134.23	.152	\$	2114.13	\$	20.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	189		25,369.59		134.23	.152		2114.13		20.38
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Τ	.00	Ψ	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ċ	.00
	0	0	۲		Ą			ې		۲	
HOSPITAL BASED	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	÷	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	Ü	0	\$.00	Þ	.00	.000	\$.00	Ş	.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	,	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	40	61	\$	7,888.28		129.32	.049	\$ 197.21	\$	6.34
CLINIC	1	1		18.41		18.41	.001	18.41		.01
SURGICENTER	8	10		1,275.34		127.53	.008	159.42		1.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	31	50		6,594.53		131.89	.040	212.73		5.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002	P	AGE 9,160
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE	16			
							MO	NTHLY AVERA	GE ·	
1,245 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	202	7 , 095	\$	50,698.74	\$	7.15	5.699	\$ 250.98	\$	40.72
DURABLE MED. EQUIP.	8	20		454.93		22.75	.016	56.87		.37
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	4	8		1,316.91		164.61	.006	329.23		1.06
MEDICAL TRANSPORTATION	40	5 , 736		11,581.94		2.02	4.607	289.55		9.30
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	39	5 , 728		11,501.58		2.01	4.601	294.91		9.24
OTHER SERVICES	1	8		80.36		10.05	.006	80.36		.06
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	32	208		13,905.28		66.85	.167	434.54		11.17
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	296		15,178.88		51.28	.238	758.94		12.19
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	22	48		693.91		14.46	.039	31.54		.56
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	4	3		99.80		33.27	.002	24.95		.08
PROSTHETICS	4	3		99.80		33.27	.002	24.95		.08
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00

877.87 41.80

.017

.71

62.71

21

14

SPEECH AND AUDIOLOGY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	93	755		6,589.22	8.73	.606	70.85	5.29
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	320	1,273	\$	41,152.19	\$ 32.33	1.022	\$ 128.60	\$ 33.05
A* momate the milece times are cively	TAC A CEDADAMI	TATEODMADITON	THEM ONE	· V •				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,161
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

							M	ONT	HLY AVERA	GE	
37 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	36	258	\$	14,356.22	\$	55.64	6.973	\$	398.78	\$	388.01
@PHYSICIANS SERVICES	7	10	\$	41.37	\$	4.14	.270	\$	5.91	\$	1.12
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	7	10		41.37		4.14	.270		5.91		1.12
@PHARMACY	34	224	\$	12,618.05	\$	56.33	6.054	\$	371.12	\$	341.03
PRESCRIPTION DRUGS	34	224		12,618.05		56.33	6.054		371.12		341.03
SNF/ICF	1	42		1,016.10		24.19	1.135		1016.10		27.46
OUTPATIENTS	33	182		11,601.95		63.75	4.919		351.57		313.57
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	8	\$	243.00	\$	30.38	.216	Ş	121.50	\$	6.57
VISITS - DIAGNOSTIC	2	6		138.00		23.00	.162		69.00		3.73
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DDIICC	0	0	.00	`	0.0	.000	.00	`	0.0
DRUGS	•	· · · · · · · · · · · · · · · · · · ·			.00				.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00)	.00
RESTORATIVE DENTISTRY	2	2	105.00)	52.50	.054	52.50)	2.84
PROSTHETICS	0	0	.00)	.00	.000	.00)	.00
DENTURES, STAYPLATES	0	0	.00)	.00	.000	.00)	.00
SPACE MAINTAINERS	0	0	.00)	.00	.000	.00)	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	Ô	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
	0	0							
ALL OTHER SERVICES		· ·	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT F	OR JAN	2002 THRU	DEC 2002	ŀ	PAGE 9,162
MOP024	FEE-FOR-SERVICE								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGARD - BLIND	AID C	ODES 26	6 A			
						M	ONTHLY AVE	RAGE	
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AVERA	GE COST	UNITS/DAY	S COST PE	ξ	COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	2	3	\$ 312.51	\$ 1	04.17	.081	\$ 156.20	\$	8.45
DIAGNOSTIC AND ANC. PROCED	1	1	75.11		75.11	.027	75.11		2.03
EYE APPLIANCES	2	2	237.40		18.70	.054	118.70		6.42
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
	0								
@CHIROPRACTOR	0		\$.00		.00		•) \$.00
VISITS	Ü	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00		.00	.000	\$.00) \$.00
MEDICINE/INJECTIONS	0	0	.00)	.00	.000	.00)	.00
SURGERY/ANES.	0	0	.00)	.00	.000	.00)	.00
RADIO./PATHOLOGY	0	0	.00)	.00	.000	.00)	.00
OTHER	0	0	.00)	.00	.000	.00)	.00
@HOME HEALTH AGENCY	0	0	\$.00		.00	.000	\$.00		.00
NURSE ANESTHESIST	0	0	\$.00		.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00		.00	.000	\$.00		.00
	0	0					•		
PEDIATRIC NURSE PRACTITIONER	. 0		\$.00		.00	.000			.00
FAMILY NURSE PRACTITIONER	U	0	\$.00		.00	.000	\$.00		.00
@TOTAL HOSPITAL	Ţ	2	\$ 10.62	•	5.31	.054	\$ 10.62		.29
HOSP INPATIENT TOTAL	O	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00)	.00	.000	.00)	.00
ADMINISTRATIVE DAYS	0	0	.00)	.00	.000	.00)	.00
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00)	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	· ·					10.62		
HOSP OUTPATIENT TOTAL	1	2	10.62		5.31	.054			.29
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00)	.00	.000	.00)	.00
ROOM USE	0	0	.00)	.00	.000	.00)	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	10.62	2	5.31	.054	10.62)	.29
@COUNTY HOSPITAL TOTAL	0		\$.00		.00	.000) \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
1100 11001 1111110	0	Ü	:00	•	• 5 5	• 0 0 0	• 0 (•	• 0 0

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B						PAGE 9,163
MOP024	FEE-FOR-SERVICE/DENTAL	TALENDIIONES I	MONIII OF FAIMENT N	LICKI FOR OAN 2	.002 IIIKO DEK	2002	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	ים דד הידים בד	ISREGARD - BLIND	AID CODES 26	6 D		01/11/03
I DACEN COUNTI	SOPPART OF SERVICES FOR	· 1111111 11 D.	ISKEGAKO DHIND	AID CODED 20	MONT	PHIV AVERA	GE
37 ELIGIBLES	USERS UNITS (OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
37 HHIGIDHD		S OF CARE	EM ENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2 \$	10.62	\$ 5.31	.054 \$	10.62	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	10.62	5.31	.054	10.62	.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	2	10.62	5.31	.054	10.62	.29
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEN D DECLIAD	0	0	0.0	0.0	000	0.0	0.0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

	_							
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	9 \$	1,104.59	\$ 122.73	.243 \$	157.80	\$ 29	.85
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	7	9	1,104.59	122.73	.243	157.80		.85
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOI					PAGE	
MOP024	FEE-FOR-SERVICE/		NIII OF FAIMENT N	EFORT FOR UAN 2	LUUZ IIIKU DEC	2002		17/03
			SECARD DITAD	AID CODES 26	C 7		01/	1//03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISP	REGARD - BLIND	AID CODES 26			C.T.	
25					MONT			
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST	
	_	OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGI	
@ALL OTHER PROVIDERS	1	2 \$	26.08	\$ 13.04	.054 \$	26.08	•	.70
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	1	0	26.08	13.04	.054	26.08		.70
	0	0						
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	U	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	U	U	.00	.00	.000	.00		.00
PROSTHETICS	Ü	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00		.00
QXOVER EXCLUDING STATE HOSP**	. 8	12 \$	51.99	\$ 4.33	.324 \$	6.50	•	.41
@* TOTALS IN THESE LINES ARE		'		, 1.00	.521 4	3.00	, ±	
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED I			1100 A m •					
		S AND EXPENDITURES MOI	TURT OF DY AMENIE DI	EDODU EOD TAN (סמת וומטח כחחנ	2002	DACE	0 165
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SEKVICE	O MUN EVLENNILAKEO MOI	NIU-OL-BAIMENI KI	LFUKI FUK JAN 2	FOOT THRO DEC	2002	PAGE	⊅ , ⊥0⊃

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,165
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

1,020 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	857	10,009	\$ 423,837.35	\$ 42.35	9.813	\$ 494.56	\$ 415.53
@PHYSICIANS SERVICES	132	361	\$ 6,133.56	\$ 16.99	.354	\$ 46.47	\$ 6.01
OUTPATIENT VISITS	11	14	637.87	45.56	.014	57.99	.63
OFFICE VISITS	10	12	319.52	26.63	.012	31.95	.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	250.00	250.00	.001	250.00	.25
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	164.08	41.02	.004	82.04	.16
HOSPITAL VISITS	2	4	164.08	41.02	.004	82.04	.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	62.78	62.78	.001	62.78	.06
PRINCIPAL SURGEON	1	1	62.78	62.78	.001	62.78	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	22	864.82	39.31	.022	123.55	.85
PRINCIPAL SURGEON	2	2	344.05	172.03	.002	172.03	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	20	520.77	26.04	.020	104.15	.51
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.60	2.80	.002	2.80	.01
RADIOLOGY	8	11	634.62	57.69	.011	79.33	.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	110	307	3 , 763.79	12.26	.301	34.22	3.69
@PHARMACY	769	4,636	\$ •	\$ 70.99	4.545	\$ 427.98	\$ 322.66
PRESCRIPTION DRUGS	768	3,474	315,234.19	90.74	3.406	410.46	309.05

SNF/ICF	18	312		15,267.41	48.93	.306	848.19		14.97
OUTPATIENTS	755	3,162		299,966.78	94.87	3.100	397.31		294.09
MEDICAL SUPPLIES	51	1,162		13,881.15	11.95	1.139	272.18		13.61
@DENTIST	111	483	\$	21,255.35	\$ 44.01	.474	\$ 191.49	\$	20.84
VISITS - DIAGNOSTIC	81	295		4,046.35	13.72	.289	49.95		3.97
ORAL SURGERY	12	55		2,622.00	47.67	.054	218.50		2.57
DRUGS	1	1		25.00	25.00	.001	25.00		.02
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	11	16		2,055.00	128.44	.016	186.82		2.01
ENDODONTICS	10	12		2,355.00	196.25	.012	235.50		2.31
RESTORATIVE DENTISTRY	35	76		6,832.00	89.89	.075	195.20		6.70
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	8	27		3,320.00	122.96	.026	415.00		3.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES M	ONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU	DEC 2002	PAG	E 9,166

MOP024 FEE-FOR-SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C 01/17/03

FLACER COUNTI	SUMMARI OF SER	VICES FOR IIILE	TT DI	SKEG - DISABLED A.	ID CO	JDES 30 00		\bigcirc NID		C E	
1 020 ELICIDIES	HOEDO	INTER OF CERTIFIC		EADENDIMIDEC	73 7 7 7	EDACE COCH			THLY AVERA COST PER		COCH DED
1,020 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		-			COST PER
0.0000000000000000000000000000000000000	0.0	OR DAYS OF CAR		1 414 40		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	28	73	\$	1,414.49	\$	19.38	.072	Ş	50.52	Ş	1.39
DIAGNOSTIC AND ANC. PROCED	9	9		375.75		41.75	.009		41.75		.37
EYE APPLIANCES	20	53		903.88		17.05	.052		45.19		.89
OTHER OPTOMETRIC SERVICES	5	11		134.86		12.26	.011		26.97		.13
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	\$	16.72	\$.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.001		16.72		.02
@PODIATRIST	20	42	\$	1,191.21	\$	28.36	.041	\$	59.56	\$	1.17
MEDICINE/INJECTIONS	2	3		64.20		21.40	.003		32.10		.06
SURGERY/ANES.	2	3		435.22		145.07	.003		217.61		.43
RADIO./PATHOLOGY	1	1		17.30		17.30	.001		17.30		.02
OTHER	18	35		674.49		19.27	.034		37.47		.66
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	60	388	\$	10,992.43	\$	28.33	.380	\$	183.21	\$	10.78
HOSP INPATIENT TOTAL	6	98		4,842.26		49.41	.096		807.04		4.75
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	98		4,842.26		49.41	.096		807.04		4.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	57	290		6,150.17		21.21	.284		107.90		6.03
MEDICAL	0	0		12.65		.00	.000		.00		.01
SURGERY	2	2		110.32		55.16	.002		55.16		.11
PATHOLOGY	3	12		128.55		10.71	.012		42.85		.13

RADIOLOGY	0	0		41.06		.00	.000	.00		.04
ROOM USE	3	4		421.31	105	.33	.004	140.44		.41
CROSSOVERS/ALL OTH OUTPTNT	54	272		5,436.28	19	.99	.267	100.67		5.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURE	S MONTH-OF-	PAYMENT RE	EPORT FOR	. JAN 200	2 THRU	DEC 2002	PAGE	9,167
MOP024	FEE-FOR-SERVICE/DENTAL								0.2	1/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREG - D	ISABLED A	ID CODES	36 66 6C				

----- MONTHLY AVERAGE -----

.023

1078.21

.000 \$.00 \$

4.23

.00

187.52

.00 \$.00

1,020 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 60 388 10,992.43 28.33 .380 \$ 183.21 \$ 10.78 98 4,842.26 49.41 .096 807.04 4.75 COMM HOSP INPATIENT TOTAL 6 .00 .00 HSC HOSPITALS .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .000 .00 0 .00 .00 ANCILLARIES .00 4,842.26 .096 807.04 INPATIENT CROSSOVERS 49.41 4.75 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 57 290 6,150.17 21.21 .284 107.90 6.03 MEDICAL 0 12.65 .00 .000 .00 .01 SURGERY 2 110.32 55.16 .002 55.16 .11 PATHOLOGY 12 128.55 10.71 .012 42.85 .13 RADIOLOGY 0 41.06 .00 .000 .00 .04 ROOM USE 4 421.31 105.33 .004 140.44 .41 272 5,436.28 19.99 .267 100.67 CROSSOVERS/ALL OTH OUTPINT 0 .00 \$.00 .000 \$.00 \$.00 @STATE HOSPITAL 0 MENTALLY ILL .00 .00 .000 .00 .00 .000 DEVELOP. DISABLED 0 .00 .00 .00 .00 @NURSING FACILITY 23 4,312.85 \$ 187.52 .023 \$ 1078.21 \$ 4.23 0 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00

4,312.85

23

LEV B-REGULAR

@INTERMEDIATE CARE FACIL.-DD

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	2,005.20	\$	401.04	.005	\$	501.30	\$	1.97
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5		2,005.20		401.04	.005		501.30		1.97
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	68	\$	994.10	\$	14.62	.067	\$	47.34	\$.97
PATHOLOGY	21	68		994.10		14.62	.067		47.34		.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	65	128	\$	14,762.63	\$	115.33	.125	\$	227.12	\$	14.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	12		467.42		38.95	.012		233.71		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	116		14,295.21		123.23	.114		226.91		14.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES MC	ONTH-OF-PAYMENT REI	PORI	FOR JAN 2	002 THRU	DEC	2002	PΑ	AGE 9,168
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

THIODIC COUNTY	DOILING OF BEIN	V1020 1010 111122 1		DICTION DISTIBLED III	12 00225 30 00	MOI	NTHLY AVERA	CE
1,020 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,020 ELIGIBLES	CALCO	OR DAYS OF CARE		EXECUDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	157	3,801	\$	31,643.47	\$ 8.33	3.726		
•	137	3,001	ې	2,294.76	764.92	.003	1147.38	2.25
DURABLE MED. EQUIP.	2	3		•				
BLOOD BANK	U	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	1 0 7 0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	28	1,970		5,274.50	2.68	1.931	188.38	5.17
AMBULANCES/AIR TRANS	1	39		259.43	6.65	.038	259.43	.25
OTHER TRANS	25	1,884		4,823.17	2.56	1.847	192.93	4.73
OTHER SERVICES	3	47		191.90	4.08	.046	63.97	.19
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	7 4		4,960.50	67.03	.073	992.10	4.86
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	27	53		897.30	16.93	.052	33.23	.88
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.83	.83	.001	.83	.00
PROSTHETIST/ORTHOTISTS	4	9		177.53	19.73	.009	44.38	.17
PROSTHETICS	4	9		177.53	19.73	.009	44.38	.17
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	43	197		7,464.52	37.89	.193	173.59	7.32
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	1,494		10,573.53	7.08	1.465	179.21	10.37
@CALIF. CHILDREN SERVICES*	0	1,131	Ś	.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	198	1,513	Ś	37,326.90	\$ 24.67	1.483		\$ 36.60
-	190	•	Y m=1.4	37,320.90	7 24.07	1.100	, 100.32	7 30.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,169

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PLACER COUNTY	SUMMARY OF SERV	JICES FOR	TITLE :	II D	DISREGARD - FAMILIES	AID CODE				
							MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		Ö		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0									
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	•		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	Ś	.00
VISITS - DIAGNOSTIC	0		Ö	т	.00	.00	.000	.00	-	.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0							
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0				.000			
SPACE MAINTAINERS	ŭ		-		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,170 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PLACER COUNTY	SUMMARI OF SERV	ICES FOR		T DIS	SKEGARD - FAMILIES		AID CODE	40				
								==:		HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
RADIOLOGY	0	ŭ		.00	.000		
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN :	2002 THRU DE	C 2002	PAGE 9,171
MOP024	FEE-FOR-SERVICE		.111 01 111111111111111111111				01/17/03
MOP024 PLACER COUNTY				AID CODE	46		
		S/DENTAL		AID CODE	46 MON		01/17/03
		S/DENTAL		AID CODE	MON		01/17/03
PLACER COUNTY	SUMMARY OF SERV	COENTAL CICES FOR TITLE II DISP	REGARD - FAMILIES		MON UNITS/DAYS	THLY AVERA	01/17/03 GE
PLACER COUNTY	SUMMARY OF SERV	JOENTAL ZICES FOR TITLE II DISF UNITS OF SERVICE	REGARD - FAMILIES	AVERAGE COST	MON UNITS/DAYS	THLY AVERAGE OST PERUSER	01/17/03 GE COST PER
PLACER COUNTY 00 ELIGIBLES	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE	REGARD - FAMILIES EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	THLY AVERAGE OST PERUSER	01/17/03 GE COST PER ELIGIBLE
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	REGARD - FAMILIES EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	REGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	REGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERA COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERAL COST PER USER .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	J/DENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	JOENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERAGE OF THE	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	J/DENTAL JICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	THLY AVERAGE OF THE	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	A/DENTAL FICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE OF THE	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JOENTAL JICES FOR TITLE II DIST UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	A/DENTAL FICES FOR TITLE II DISP UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE OF PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00		.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$		\$.00	.000	\$.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-OF-	PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE	9,172
MOP024	FEE-FOR-SERVICE/DENTAL							0.2	1/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	AID CODE				
						M	ONTHLY AVER	AGE	

					MON'	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,173 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

1211021. 000111					MONTHLY AVERAGE -						
2,302 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,896	31,845	\$	827,610.41	\$	25.99	13.834	\$	436.50	\$	359.52
@PHYSICIANS SERVICES	316	837	\$	13,196.24	\$	15.77	.364	\$	41.76	\$	5.73
OUTPATIENT VISITS	11	14		637.87		45.56	.006		57.99		.28
OFFICE VISITS	10	12		319.52		26.63	.005		31.95		.14
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.000		68.35		.03
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		250.00		250.00	.000		250.00		.11
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	4		164.08		41.02	.002		82.04		.07
HOSPITAL VISITS	2	4		164.08		41.02	.002		82.04		.07
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		62.78		62.78	.000		62.78		.03
PRINCIPAL SURGEON	1	1		62.78		62.78	.000		62.78		.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7	22		864.82		39.31	.010		123.55		.38
PRINCIPAL SURGEON	2	2		344.05		172.03	.001		172.03		.15
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	20		520.77		26.04	.009		104.15		.23
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		5.60		2.80	.001		2.80		.00
RADIOLOGY	9	12		660.60		55.05	.005		73.40		.29
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	294	782		10,800.49		13.81	.340		36.74		4.69
@PHARMACY	1,739	17,943	\$	614,760.91	\$	34.26	7.795	\$	353.51	\$	267.06
PRESCRIPTION DRUGS	1,733	7,927	•	588,706.36	·	74.27	3.444		339.70		255.74
SNF/ICF	34	442		19,479.10		44.07	.192		572.91		8.46
OUTPATIENTS	1,708	7,485		569,227.26		76.05	3.252		333.27		247.28
MEDICAL SUPPLIES	155	10,016		26,054.55		2.60	4.351		168.09		11.32
@DENTIST	154	628	\$	26,824.73	\$	42.71	.273	\$	174.19	\$	11.65
VISITS - DIAGNOSTIC	112	400	•	5,619.73	·	14.05	.174	•	50.18		2.44
ORAL SURGERY	16	60		2,965.00		49.42	.026		185.31		1.29
DRUGS	1	1		25.00		25.00	.000		25.00		.01
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	12	20		2,245.00		112.25	.009		187.08		.98
ENDODONTICS	10	12		2,355.00		196.25	.005		235.50		1.02
RESTORATIVE DENTISTRY	49	95		8,900.00		93.68	.041		181.63		3.87
PROSTHETICS	1	1		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	15	38	4,715.00	124.08	.017	314.33	2	.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	9,174
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	OR TITLE II	DISREGARD					
					MONTH	TT TZ ATZENDA	· -	

PLACER COUNTY	SUMMARY OF SER	VICES FOR T	TTLE 1.	r DIS	SREGARD			M	חזאר	III V 7177777	C E	
2,302 ELIGIBLES	USERS	UNITS OF S	EDVICE		EXPENDITURES	7\ \ 7.7.7	RAGE COST	MO			GĽ.	COST PER
Z, 30Z ELIGIBLES	USEKS	OR DAYS O			EXPENDITORES		R UNIT/DAY		>	USER		ELIGIBLE
@OPTOMETRIST	57		140	\$	3,012.57	\$	21.52	.061	ċ	52.85	ċ	1.31
DIAGNOSTIC AND ANC. PROCED	16		16	Ą	684.26	Ą	42.77	.007	Ą	42.77	Ş	.30
			97							42.77		
EYE APPLIANCES	38				1,869.61		19.27	.042				.81
OTHER OPTOMETRIC SERVICES	14		27	_	458.70	_	16.99	.012	_	32.76		.20
@CHIROPRACTOR	1		1	\$	16.72	\$	16.72	.000	Ş	16.72	Ş	.01
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	1		1		16.72		16.72	.000		16.72		.01
@PODIATRIST	34		57	\$	1,408.30	\$	24.71	.025	\$	41.42	\$.61
MEDICINE/INJECTIONS	2		3		64.20		21.40	.001		32.10		.03
SURGERY/ANES.	2		3		435.22		145.07	.001		217.61		.19
RADIO./PATHOLOGY	1		1		17.30		17.30	.000		17.30		.01
OTHER	32		50		891.58		17.83	.022		27.86		.39
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	128		858	Ś		\$	34.48	.373		231.14	\$	12.85
HOSP INPATIENT TOTAL	22		198	т.	16,924.91	7	85.48	.086	-	769.31	-	7.35
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	22		198		16,924.91		85.48	.086		769.31		7.35
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	· ·		660				19.18	.287		114.06		5.50
HOSP OUTPATIENT TOTAL	111		000		12,660.50							
MEDICAL	2		2		12.65 110.32		.00	.000		.00		.01
SURGERY	3		12				55.16	.001		55.16		.05
PATHOLOGY	3 0				128.55		10.71	.005		42.85		.06
RADIOLOGY	O .		0		41.06		.00	.000		.00		.02
ROOM USE	3		4		421.31		105.33	.002		140.44		.18
CROSSOVERS/ALL OTH OUTPTNT			642		11,946.61		18.61	.279		110.62		5.19
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00)	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00)	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00)	.00	.000	.00		.00
MEDICAL	0		0		.00)	.00	.000	.00		.00
SURGERY	0		0		.00)	.00	.000	.00		.00
PATHOLOGY	0		0		.00)	.00	.000	.00		.00
RADIOLOGY	0		0		.00)	.00	.000	.00		.00
ROOM USE	0		0		.00)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDITURE	ES MONT	TH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	9,175
MOP024	FEE-FOR-SERVICE,	/DENTAL								0	1/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TITLE II	DISRE	EGARD						
								MON	THLY AVERA	GE	
2,302 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	S AVE	RAGE COST	UNITS/DAYS	COST PER	COS	I PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	128		858	\$	29,585.41	<u>\$</u>	34.48	.373 \$	231.14	\$	12.85
COMM HOSP INPATIENT TOTAL	22		198		16,924.91	L	85.48	.086	769.31		7.35
HSC HOSPITALS	0		0		.00)	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00)	.00	.000	.00		.00
ANCILLARIES	0		0		.00)	.00	.000	.00		.00
INPATIENT CROSSOVERS	22		198		16,924.91	L	85.48	.086	769.31		7.35
ALL OTHER INPATIENT	0		0		.00)	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	111		660		12,660.50)	19.18	.287	114.06		5.50
MEDICAL	0		0		12.65	5	.00	.000	.00		.01
SURGERY	2		2		110.32	2	55.16	.001	55.16		.05
PATHOLOGY	3		12		128.55	5	10.71	.005	42.85		.06
RADIOLOGY	0		0		41.06	5	.00	.000	.00		.02
ROOM USE	3		4		421.31	L	105.33	.002	140.44		.18

CROSSOVERS/ALL OTH OUTPTNT	108	642		11,946.61		18.61	.279		110.62		5.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	212	\$	29,682.44	\$	140.01	.092	Ś	1855.15	Ś	12.89
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	τ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	-	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16 0	212		29,682.44		140.01	.092		1855.15		12.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	5	\$	2,005.20	Ċ	401.04	.002	Ċ	501.30	Ċ	.87
	0	5	۲		۲			۲		Ą	
HOSPITAL BASED	· ·	Ō		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5		2,005.20		401.04	.002		501.30		.87
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	68	\$	994.10	\$	14.62	.030	\$	47.34	\$.43
PATHOLOGY	21	68	·	994.10	·	14.62	.030		47.34		.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	112	198	\$	23,755.50	ċ	119.98	.086	ċ	212.10	ċ	10.32
-	1		Ş		Ş			Þ		Ą	
CLINIC		1		18.41		18.41	.000		18.41		.01
SURGICENTER	10	22		1,742.76		79.22	.010		174.28		.76
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	101	175		21,994.33		125.68	.076		217.77		9.55
	T 0 T	1/3		ZI, 334.33		123.00	.076		Z11.11		
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT RI	EPORI			DEC		P.F	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES I		EPORI			DEC		PA	AGE 9,176
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		MONTH-OF-PAYMENT RI	EPORI			DEC		PA	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		MONTH-OF-PAYMENT RI	EPORI		2002 THRU		2002		AGE 9,176 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL VICES FOR TITLE	II D	MONTH-OF-PAYMENT RI		FOR JAN	2002 THRU	IONT	2002 CHLY AVERA	.GE -	AGE 9,176 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC	II D	MONTH-OF-PAYMENT RI	AVE	FOR JANERAGE COST	2002 THRU M UNITS/DAY	IONT	2002 HLY AVERA COST PER	.GE -	AGE 9,176 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES	AVE PEF	FOR JAN ERAGE COST R UNIT/DAY	2002 THRU M UNITS/DAY PER ELIG	IONT 'S	2002 CHLY AVERA COST PER USER	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898	II D	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29	AVE	F FOR JAN ERAGE COST R UNIT/DAY 7.56	2002 THRU M UNITS/DAY PER ELIG 4.734	IONT 'S	2002 CHLY AVERA COST PER USER 228.80	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898 23	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69	AVE PEF	F FOR JAN ERAGE COST R UNIT/DAY 7.56 119.55	2002 THRU M UNITS/DAY PER ELIG 4.734 .010	IONT 'S	HLY AVERA COST PER USER 228.80 274.97	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29	AVE PEF	F FOR JAN ERAGE COST R UNIT/DAY 7.56 119.55 .00	2002 THRU M UNITS/DAY PER ELIG 4.734	IONT 'S	2002 CHLY AVERA COST PER USER 228.80	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10	CES AND EXPENDITU E/DENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898 23	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69	AVE PEF	F FOR JAN ERAGE COST R UNIT/DAY 7.56 119.55	2002 THRU M UNITS/DAY PER ELIG 4.734 .010	IONT 'S	HLY AVERA COST PER USER 228.80 274.97	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0	CES AND EXPENDITURE OF A PART OF SERVICE OR DAYS OF CAPE 10,898 23 0 8	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91	AVE PEF	F FOR JAN ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003	IONT 'S	2 2002 CHLY AVERA COST PER USER 228.80 274.97 .00 329.23	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68	CES AND EXPENDITURE OF CENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898 23 0 8 7,706	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00 .57 7.32
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1	CES AND EXPENDITURE OF CENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAP 10,898 23 0 8 7,706 39	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00 .57 7.32 .11
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64	CES AND EXPENDITURE OF CENTAL VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAP 10,898 23 0 8 7,706 39 7,612	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017 3.307	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00 .57 7.32 .11 7.09
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64 4	CES AND EXPENDITURE OF LITTLE VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898 23 0 8 7,706 39 7,612 55	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75 272.26	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14 4.95	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017 3.307 .024	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43 255.07 68.07	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00 .57 7.32 .11 7.09 .12
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64 4 0	CES AND EXPENDITURE OF LITTLE VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAF 10,898 23 0 8 7,706 39 7,612 55 0	II D: CE RE	MONTH-OF-PAYMENT RI ESREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75 272.26 .00	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14 4.95 .00	2002 THRU M UNITS/DAY PER ELIC 4.734 .010 .000 .003 3.348 .017 3.307 .024 .000	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43 255.07 68.07 .00	.GE - (AGE 9,176 01/17/03
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#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64 4 0 37 0	CES AND EXPENDITURE OF LITTLE VICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAP 10,898 23 0 8 7,706 39 7,612 55 0 282 0	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75 272.26 .00 18,865.78	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14 4.95 .00 66.90 .00	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017 3.307 .024 .000 .123 .000	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43 255.07 68.07 .00 509.89	.GE - (AGE 9,176 01/17/03 COST PER ELIGIBLE 35.78 1.19 .00 .57 7.32 .11 7.09 .12 .00 8.20 .00
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#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64 4 0 37 0 20 0 50	CES AND EXPENDITURE/DENTAL VICES FOR TITLE UNITS OF SERVICE OR DAYS OF CAF 10,898 23 0 8 7,706 39 7,612 55 0 282 0 296 0 103	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75 272.26 .00 18,865.78 .00 15,178.88 .00 1,617.29	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14 4.95 .00 66.90 .00 51.28 .00	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017 3.307 .024 .000 .123 .000 .129 .000 .045	IONT 'S	CHLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43 255.07 68.07 .00 509.89 .00 758.94 .00 32.35	.GE - (AGE 9,176 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 2,302 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 360 10 0 4 68 1 64 4 0 37 0 20 0 50 0	CES AND EXPENDITURE/DENTAL VICES FOR TITLE UNITS OF SERVICO OR DAYS OF CAF 10,898 23 0 8 7,706 39 7,612 55 0 282 0 296 0 103 0	II D: CE RE	MONTH-OF-PAYMENT RI ISREGARD EXPENDITURES 82,368.29 2,749.69 .00 1,316.91 16,856.44 259.43 16,324.75 272.26 .00 18,865.78 .00 15,178.88 .00 1,617.29 .00	AVE PEF	ERAGE COST R UNIT/DAY 7.56 119.55 .00 164.61 2.19 6.65 2.14 4.95 .00 66.90 .00 51.28 .00	2002 THRU M UNITS/DAY PER ELIG 4.734 .010 .000 .003 3.348 .017 3.307 .024 .000 .123 .000 .129 .000 .045 .000	IONT 'S	HLY AVERA COST PER USER 228.80 274.97 .00 329.23 247.89 259.43 255.07 68.07 .00 509.89 .00 758.94 .00 32.35	.GE - (AGE 9,176 01/17/03
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HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	152	2,249		17,162.75	7.63	.977	112.91	7.46	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	526	2,798	\$	78,531.08	\$ 28.07	1.215	\$ 149.30	\$ 34.11	
A* TOTALS IN TUESE IINES ARE STOE	M AC A CEDADAME	TMEODMARTON	TUEM ON	TV.					

0 * TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

PLACER COUNTI	SUMMARI OF SER	VICES FOR IN HOME	501	PPORI - AGED	AID CODE			
						MON		
1,105 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	870	36 , 887	\$	476,903.12	\$ 12.93	33.382 \$		431.59
@PHYSICIANS SERVICES	75	217	\$	1,914.52	\$ 8.82	.196 \$		\$ 1.73
OUTPATIENT VISITS	4	8		174.38	21.80	.007	43.60	.16
OFFICE VISITS	4	7		150.00	21.43	.006	37.50	.14
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		24.38	24.38	.001	24.38	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		79.30	79.30	.001	79.30	.07
PRINCIPAL SURGEON	1	1		79.30	79.30	.001	79.30	.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		6.46	6.46	.001	6.46	.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	70	206		1,643.45	7.98	.186	23.48	1.49
@PHARMACY	747	23,353	\$		\$ 8.43	21.134 \$	263.63	\$ 178.22
PRESCRIPTION DRUGS	730	3,291		183,602.82	55.79	2.978	251.51	166.16
SNF/ICF	44	315		10,043.20	31.88	.285	228.25	9.09
OUTPATIENTS	696	2,976		173,559.62	58.32	2.693	249.37	157.07
MEDICAL SUPPLIES	116	20,062		13,328.26	.66	18.156	114.90	12.06
@DENTIST	41	162	\$	6,879.00	\$ 42.46	.147 \$	167.78	\$ 6.23
VISITS - DIAGNOSTIC	28	82		1,099.00	13.40	.074	39.25	.99
ORAL SURGERY	8	35		1,908.00	54.51	.032	238.50	1.73

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	4		520.00		130.00	.004		173.33		.47
RESTORATIVE DENTISTRY	11	28		2,153.00		76.89	.025		195.73		1.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	13		1,199.00		92.23	.012		399.67		1.09
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	ES N	MONTH-OF-PAYMENT RE	.PORT			DEC		P	AGE 9,178
MOP024	FEE-FOR-SERVICE				11 01(1	. 1010 01110 2	2002 111110		2002	-	01/17/03
PLACER COUNTY		ICES FOR IN HOME	SIII	PPORT - AGED		AID CODE	1.8				01/1//03
TEMOLIK GOOWIT	DOIMING OF BEICV	TODO TOR IN HOLD	501	IIONI NOED		TILD CODE	M	ONT	HIY AVERA	GE.	
1,105 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/F	RAGE COST	UNITS/DAY		COST PER		COST PER
1,103 EDIGIDDES	OSERS	OR DAYS OF CARE		EXTENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10	27	\$	853.38	\$	31.61	.024		85.34		.77
DIAGNOSTIC AND ANC. PROCED	1	1	Y	75.11	Y	75.11	.001	Y	75.11	Y	.07
EYE APPLIANCES	8	24		763.05		31.79	.022		95.38		.69
OTHER OPTOMETRIC SERVICES	2			15.22		7.61	.002		7.61		.01
	0	2	Ċ		Ċ			Ċ		ċ	
@CHIROPRACTOR	0	•	\$.00	\$.00	.000	\$.00	\$.00
VISITS		0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	<u>^</u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@PODIATRIST	13	19	\$	260.92	\$	13.73	.017	Ş	20.07	\$.24
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	13	19		260.92		13.73	.017		20.07		.24
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	36	279	\$	8,515.83	\$	30.52	.252	\$	236.55	\$	7.71
HOSP INPATIENT TOTAL	6	20		4,002.88		200.14	.018		667.15		3.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	20		4,002.88		200.14	.018		667.15		3.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	259		4,512.95		17.42	.234		145.58		4.08
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		32.47		32.47	.001		32.47		.03
CROSSOVERS/ALL OTH OUTPINT	-	258		4,480.48		17.37	.233		149.35		4.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	•	0	~	.00	7	.00	.000	~	.00	~	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
HOC HOST TIMES	O	O		.00		• 0 0	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	Û		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•		IRES MO	ONTH-OF-PAYMENT R				ÞΖ	AGE 9,179
MOP024	FEE-FOR-SERVICE/		TKES FI	JIIII OF TATMENT IN	BIONI FON OAN	2002 IIIKO DE	10 2002	1.7	01/17/03
PLACER COUNTY			IF CIIDI	PORT - AGED	AID COD	r 18			01/1//03
THACHIC COUNTY	SOPERATOR SERVE	CES FOR IN HOP.	10 5011	IONI AGED	AID COD	MON	THT.V AWERA	CF -	
1,105 ELIGIBLES	USERS	UNITS OF SERVIC	'F'	EXPENDITURES	AVERACE COS	T UNITS/DAYS		-	COST PER
1,100 ED101DDE5	OBENS	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	279	\$	8,515.83	- ,	.252 \$			7.71
COMM HOSP INPATIENT TOTAL	6	20	Y	4,002.88	200.14	.018	667.15	Y	3.62
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	6	20		4,002.88	200.14	.018	667.15		3.62
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	31	259		4,512.95	17.42	.234	145.58		4.08
MEDICAL	0	239		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	1		32.47	32.47	.001	32.47		.00
	30	258		4,480.48	17.37		149.35		4.05
CROSSOVERS/ALL OTH OUTPINT	0	258 0	Ċ	•		.233 .000 \$		ċ	
@STATE HOSPITAL	0	•	\$.00	\$.00	,		Ş	.00
MENTALLY ILL	ŭ	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0 45	1 004	ć	.00	.00	.000	.00	Ċ	.00
@NURSING FACILITY		1,024	\$	132,436.24	\$ 129.33		2943.03	Ş	119.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	U	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	Ü	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	8	\$	37.06	\$	4.63	.007	\$	4.63	\$.03
PATHOLOGY	7	7		33.17		4.74	.006		4.74		.03
XO AND OTHERS	1	1		3.89		3.89	.001		3.89		.00
@ORGANIZED OUTPATIENT CLINIC	18	29	\$	2,347.11	\$	80.93	.026	\$	130.40	\$	2.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	29		2,347.11		80.93	.026		130.40		2.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 9,180
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT - AGED		AID CODE	18				
							M	IONT	HLY AVERAG	E -	
1,105 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	;	USER	Ε	ELIGIBLE
@ALL OTHER PROVIDERS	290	11,762	\$	124,242.32	\$	10.56	10.644	\$	428.42	\$	112.44
DURABLE MED. EQUIP.	13	53		2,617.06CF	R	49.38CR	.048		201.31CF	₹	2.37CR
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	2		1,138.74		569.37	.002		1138.74		1.03
MEDICAL TRANSPORTATION	21	695		2,714.84		3.91	.629		129.28		2.46
AMBULANCES/AIR TRANS	1	6		124.91		20.82	.005		124.91		.11
OTHER TRANS	18	676		2,458.24		3.64	.612		136.57		2.22
OTHER SERVICES	4	13		131.69		10.13	.012		32.92		.12
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	112	1,455		95,132.10		65.38	1.317		849.39		86.09
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	13	156		5,157.38		33.06	.141		396.72		4.67
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	8	16		168.92		10.56	.014		21.12		.15
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	2	10	314.42		31.44	.009		157.21	.28
PROSTHETICS	2	10	314.42		31.44	.009		157.21	.28
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	8	13	2,573.02	1	97.92	.012		321.63	2.33
HOSPICE SERVICES	5	88	9,440.64	1	07.28	.080	1	888.13	8.54
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	145	9,274	10,219.32		1.10	8.393		70.48	9.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	233	2,154	\$ 32,217.27	\$	14.96	1.949	\$	138.27	\$ 29.16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUP	PORT - BLIND	AID C	ODE 28				
						M	ONT	HLY AVERA	GE -	
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE C	OST UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/	DAY PER ELIG		USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	26	5 , 982	\$	45,313.36	\$ 7.5	7 230.077	\$	1742.82	\$	1742.82
@PHYSICIANS SERVICES	7	14	\$	348.44	\$ 24.8	9 .538	\$	49.78	\$	13.40
OUTPATIENT VISITS	2	2		64.32	32.1	6 .077		32.16		2.47
OFFICE VISITS	1	1		37.50	37.5	0 .038		37.50		1.44
HOME VISITS	0	0		.00	.0	0 .000		.00		.00
EMERGENCY ROOM	0	0		.00	.0	0 .000		.00		.00
PREVENTIVE CARE	0	0		.00	.0	0 .000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.0	0 .000		.00		.00
OTHER OUTPATIENT	1	1		26.82	26.8	2 .038		26.82		1.03
INPATIENT VISITS	0	0		.00	.0	0 .000		.00		.00
HOSPITAL VISITS	0	0		.00	.0	0 .000		.00		.00
CRITICAL CARE	0	0		.00	.0	0 .000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.0	0 .000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.0	0 .000		.00		.00
EXAMINATIONS	0	0		.00	.0	0 .000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.0	0 .000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.0	0 .000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.0	0 .000		.00		.00
ASSISTANT SURGEON	0	0		.00	.0	0 .000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.0	0 .000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.0	0 .000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.0	0 .000		.00		.00
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	0	0		.00	.0			.00		.00
RADIOLOGY	1	1		8.83	8.8			8.83		.34
PSYCHIATRY	0	0		.00	.0	0 .000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.0	0 .000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	11		275.29	25.0			68.82		10.59
@PHARMACY	24	574	\$	22,257.10	\$ 38.7		\$	927.38	\$	856.04
PRESCRIPTION DRUGS	24	93		6,263.31	67.3	5 3.577		260.97		240.90

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	93	6,263.31	67.35	3.577	260.97	240.90
MEDICAL SUPPLIES	11	481	15,993.79	33.25	18.500	1453.98	615.15
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 9,182
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03

AID CODE 28

PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

----- MONTHLY AVERAGE -----26 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 .000 . 00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 0 .00 .00 .00 OTHER SERVICES .000 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 Ω .00 .000 .00 .00 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 \$ NURSE ANESTHESIST .00 \$.000 \$.00 NURSE MIDWIFE .000 \$.00 .00 .00 .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$.00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 @TOTAL HOSPITAL 390.41 18.59 .808 \$ 130.14 \$ 15.02 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS Ω .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 21 HOSP OUTPATIENT TOTAL 390.41 18.59 .808 130.14 15.02 MEDICAL 58.76 58.76 .038 58.76 2.26 .000 SURGERY .00 .00 .00 .00 PATHOLOGY 51.48 7.35 .269 51.48 1.98

RADIOLOGY	1	1	32.06	32.06	.038	32.06	1.23
ROOM USE	1	1	31.80	31.80	.038	31.80	1.22
CROSSOVERS/ALL OTH OUTPINT	1	11	216.31	19.66	.423	216.31	8.32
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,183
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		
					MON	THLY AVERAG	E

							M	ON'I'.	HLY AVERA	GE	
26 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	21	\$	390.41	\$	18.59	.808	\$	130.14	\$	15.02
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	21		390.41		18.59	.808		130.14		15.02
MEDICAL	1	1		58.76		58.76	.038		58.76		2.26
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	7		51.48		7.35	.269		51.48		1.98
RADIOLOGY	1	1		32.06		32.06	.038		32.06		1.23
ROOM USE	1	1		31.80		31.80	.038		31.80		1.22
CROSSOVERS/ALL OTH OUTPTNT	1	11		216.31		19.66	.423		216.31		8.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	25	\$	1,325.51	\$	53.02	.962	\$	147.28	\$	50.98
CLINIC	1	3		230.11		76.70	.115		230.11		8.85
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	22		1,095.40		49.79	.846		136.93		42.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	P7	AGE 9,184
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

---- MONTHLY AVERAGE ----AVERAGE COST UNITS/DAYS COST PER 26 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 24 5,348 20,991.90 3.93 205.692 \$ 874.66 \$ 807.38 DURABLE MED. EQUIP. 4,974.00 292.59 .654 4974.00 1 17 191.31 0 .00 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 12 111 7,422.48 66.87 4.269 618.54 285.48 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 OCCUPATIONAL THERAPIST OPTICIAN .00 .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 904.98 150.83 .231 904.98 34.81 PROSTHETICS 6 904.98 150.83 .231 904.98 34.81 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 3,289 6,399.24 1.95 126.500 914.18 246.12 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 10 1,925 1,291.20 74.038 129.12 ALL OTHER PROVIDERS .67 49.66 29 20,567.96 5141.99 @CALIF. CHILDREN SERVICES* 709.24 1.115 \$ \$ 791.08 \$ 21.48 150.35 \$ 17.35 @XOVER EXCLUDING STATE HOSP** 451.06 .808

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,185 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

121021 000111	001111111111111111111111111111111111111	71020 1017 117 110112 001	. 01.12	1122 0022	0.0		
					MON	ITHLY AVERA	GE
624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	552	32 , 679 \$	328,660.62	\$ 10.06	52.370	595.40	\$ 526.70
@PHYSICIANS SERVICES	95	213 \$	5,108.36	\$ 23.98	.341 \$	53.77	\$ 8.19
OUTPATIENT VISITS	24	33	1,426.62	43.23	.053	59.44	2.29
OFFICE VISITS	16	20	725.96	36.30	.032	45.37	1.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	13	700.66	53.90	.021	87.58	1.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	8	356.54	44.57	.013	59.42	.57
HOSPITAL VISITS	3	5	249.04	49.81	.008	83.01	.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	3	107.50	35.83	.005	35.83	.17
OPHTHALMOLOGICAL SERVICES	1	1	.00	.00	.002	.00	.00
EXAMINATIONS	1	1	.00	.00	.002	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7	753.21	107.60	.011	376.61	1.21
PRINCIPAL SURGEON	1	1	505.96	505.96	.002	505.96	.81
ASSISTANT SURGEON	1	1	101.27	101.27	.002	101.27	.16
ANESTHESIOLOGIST	1	5	145.98	29.20	.008	145.98	.23
OUTPATIENT SURGERY	1	1	39.91	39.91	.002	39.91	.06
PRINCIPAL SURGEON	1	1	39.91	39.91	.002	39.91	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	156.24	52.08	.005	52.08	.25

RADIOLOGY	9	13			934.37		71.87		21		103.82		1.50
PSYCHIATRY	0	0			.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00		000		.00		.00
OTHER SERVICES/ALL X-OVERS	62	147			1,441.47		9.81		236		23.25		2.31
@PHARMACY	479	4,483	\$	1	94,165.01	\$	43.31	7.	L84	\$	405.35	\$	311.16
PRESCRIPTION DRUGS	461	2,166		1	82,206.79		84.12	3.	171		395.24		292.00
SNF/ICF	6	32			2,321.69		72.55)51		386.95		3.72
OUTPATIENTS	456	2,134		1	79,885.10		84.29	3.	120		394.48		288.28
MEDICAL SUPPLIES	95	2,317			11,958.22		5.16	3.	713		125.88		19.16
@DENTIST	29	97	\$		4,582.00	\$	47.24		L55	\$	158.00	\$	7.34
VISITS - DIAGNOSTIC	20	64			1,033.00		16.14		L03		51.65		1.66
ORAL SURGERY	4	5			258.00		51.60		800		64.50		.41
DRUGS	0	0			.00		.00		000		.00		.00
ANESTHESIA	1	1			100.00		100.00		002		100.00		.16
PERIODONTICS	1	1			200.00		200.00		002		200.00		.32
ENDODONTICS	0	1CR			.00		.00		0020	CR	.00		.00
RESTORATIVE DENTISTRY	8	24			2,066.00		86.08		38		258.25		3.31
PROSTHETICS	0	0			.00		.00		000		.00		.00
DENTURES, STAYPLATES	2	3			925.00		308.33		005		462.50		1.48
SPACE MAINTAINERS	0	0			.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00		000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	RES	MONTH-OF	-PAYMENT F	REPORT	FOR JAN	2002 T	HRU	DEC	2002	PF	AGE 9,186
MOP024	FEE-FOR-SERVICE/DENTA	ΑL											01/17/03

AID CODE 68

----- MONTHLY AVERAGE -----624 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 39 .063 \$ 1.11 689.64 \$ 17.68 43.10 \$ 16 3 37.30 .005 37.30 DIAGNOSTIC AND ANC. PROCED 3 111.90 .18 EYE APPLIANCES 13 32 523.98 16.37 .051 40.31 .84 13.44 OTHER OPTOMETRIC SERVICES 53.76 .006 17.92 @CHIROPRACTOR 3 50.16 \$ 16.72 .005 \$ 25.08 \$.08 3 .005 50.16 16.72 25.08 .08 VISITS OTHER SERVICES .00 .00 .00 .000 .00 9.53 @PODIATRIST 11 32 305.03 .051 \$ 27.73 \$.49 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 11 32 305.03 9.53 .051 27.73 .49 74.69 @HOME HEALTH AGENCY 12 896.31 \$.019 \$ 224.08 \$ 1.44 NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 341 .546 \$ @TOTAL HOSPITAL 46 34,716.15 \$ 101.81 754.70 \$ 55.63 HOSP INPATIENT TOTAL 78 30,218.80 387.42 .125 2158.49 48.43 880.00 2640.00 HSC HOSPITALS 2,640.00 .005 4.23 12 20,963.36 1746.95 .019 5240.84 33.60 NON-HSC HOSPITAL TOTAL 12 594.74 1784.21 ACCOMMODATIONS 7,136.82 .019 11.44 .00 0 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 12 7,136.82 594.74 .019 1784.21 11.44 ANCILLARIES 13,826.54 .000 3456.64 22.16

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PLACER COUNTY

INPATIENT CROSSOVERS	9	63		6,615.44	105.01	.101	735.05		10.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	37	263		4,497.35	17.10	.421	121.55		7.21
	4				12.70	.006			
MEDICAL		4		50.80			12.70		.08
SURGERY	3	4		33.94	8.49	.006	11.31		.05
PATHOLOGY		35		401.76	11.48	.056	44.64		.64
RADIOLOGY	6	9		913.46	101.50	.014	152.24		1.46
ROOM USE	11	16		510.66	31.92	.026	46.42		.82
CROSSOVERS/ALL OTH OUTPTNT	29	195		2,586.73	13.27	.313	89.20		4.15
@COUNTY HOSPITAL TOTAL	0	0 \$,	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER INPATIENT	U	U		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH	i-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	P	AGE 9,187
MOP024	FEE-FOR-SERVICE/	DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR IN HOME S	JUPPORT	' - DISABLED	AID CODE	68			
						MC	NTHLY AVER	AGE	
624 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	341 \$;	34,716.15	\$ 101.81	.546	\$ 754.70	\$	55.63
COMM HOSP INPATIENT TOTAL	14	78		30,218.80	387.42	.125	2158.49		48.43
HSC HOSPITALS	1	3							4.23
NON-HSC HOSPITALS TOTAL		J		2,640.00	880.00	.005	2640.00		4.23
	4	12		2,640.00 20,963.36	880.00 1746.95		2640.00 5240.84		33.60
	4 4	12		20,963.36	1746.95	.019	5240.84		33.60
ACCOMMODATIONS	4 4 0			20,963.36 7,136.82	1746.95 594.74	.019 .019	5240.84 1784.21		33.60 11.44
ACCOMMODATIONS ADMINISTRATIVE DAYS	4 4 0 0	12 12 0		20,963.36 7,136.82 .00	1746.95 594.74 .00	.019 .019 .000	5240.84 1784.21 .00		33.60 11.44 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	•	12 12 0 0		20,963.36 7,136.82 .00 .00	1746.95 594.74 .00 .00	.019 .019 .000	5240.84 1784.21 .00		33.60 11.44 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	•	12 12 0 0		20,963.36 7,136.82 .00 .00 7,136.82	1746.95 594.74 .00 .00 594.74	.019 .019 .000 .000	5240.84 1784.21 .00 .00 1784.21		33.60 11.44 .00 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	•	12 12 0 0 12		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54	1746.95 594.74 .00 .00 594.74	.019 .019 .000 .000 .019	5240.84 1784.21 .00 .00 1784.21 3456.64		33.60 11.44 .00 .00 11.44 22.16
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 4 4 9	12 12 0 0 12 0		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44	1746.95 594.74 .00 .00 594.74 .00 105.01	.019 .019 .000 .000 .019 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05		33.60 11.44 .00 .00 11.44 22.16 10.60
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 4 4 9	12 12 0 0 12 0 63		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00	1746.95 594.74 .00 .00 594.74 .00 105.01	.019 .019 .000 .000 .019 .000 .101	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05		33.60 11.44 .00 .00 11.44 22.16 10.60
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 4 4 9 0 37	12 12 0 0 12 0 63 0 263		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10	.019 .019 .000 .000 .019 .000 .101 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 4 4 9 0 37 4	12 12 0 0 12 0 63 0 263		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70	.019 .019 .000 .000 .019 .000 .101 .000 .421	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 4 4 9 0 37 4 3	12 12 0 0 12 0 63 0 263 4		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 4 4 9 0 37 4 3	12 12 0 0 12 0 63 0 263 4 4 35		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 4 4 9 0 37 4 3 9	12 12 0 0 12 0 63 0 263 4 4 35		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 4 4 9 0 37 4 3 9 6	12 12 0 0 12 0 63 0 263 4 4 35 9		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006 .056	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	0 4 4 9 0 37 4 3 9 6 11 29	12 12 0 0 12 0 63 0 263 4 4 35 9 16		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .056 .014	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20		33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 4 4 9 0 37 4 3 9 6 11 29	12 12 0 0 12 0 63 0 263 4 4 35 9 16 195		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73 .00	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27 \$.00	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .056 .014 .026 .313	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20 \$.00	¢,	33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	0 4 4 9 0 37 4 3 9 6 11 29 0	12 12 0 0 12 0 63 0 263 4 4 35 9 16 195		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73 .00 .00	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27 \$.00 .00	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006 .014 .026 .313 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20 \$.00	\$	33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15 .00 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 4 4 9 0 37 4 3 9 6 11 29 0 0	12 12 0 0 12 0 63 0 263 4 4 35 9 16 195 0		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73 .00 .00	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27 \$.00 .00	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006 .014 .026 .313 .000 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20 \$.00 .00	\$	33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15 .00 .00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	0 4 4 9 0 37 4 3 9 6 11 29 0 0	12 12 0 0 12 0 63 0 263 4 4 35 9 16 195 0		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73 .00 .00 .00 .00 .00	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27 \$.00 .00 .00	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006 .014 .026 .313 .000 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20 \$.00 .00 \$ 1870.23	\$P\$ \$P\$	33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15 .00 .00 .00 29.97
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0 4 4 9 0 37 4 3 9 6 11 29 0 0	12 12 0 0 12 0 63 0 263 4 4 35 9 16 195 0		20,963.36 7,136.82 .00 .00 7,136.82 13,826.54 6,615.44 .00 4,497.35 50.80 33.94 401.76 913.46 510.66 2,586.73 .00 .00	1746.95 594.74 .00 .00 594.74 .00 105.01 .00 17.10 12.70 8.49 11.48 101.50 31.92 13.27 \$.00 .00	.019 .019 .000 .000 .019 .000 .101 .000 .421 .006 .006 .014 .026 .313 .000 .000	5240.84 1784.21 .00 .00 1784.21 3456.64 735.05 .00 121.55 12.70 11.31 44.64 152.24 46.42 89.20 \$.00 .00	\$P\$ \$P\$	33.60 11.44 .00 .00 11.44 22.16 10.60 .00 7.21 .08 .05 .64 1.46 .82 4.15 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	96		18,702.26		194.82	.154		1870.23		29.97
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	27	\$	321.83	\$	11.92	.043	\$	53.64	\$.52
PATHOLOGY	6	27		321.83		11.92	.043		53.64		.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	72	\$	10,178.14	\$	141.36	.115	\$	236.70	\$	16.31
CLINIC	4	12		92.73		7.73	.019		23.18		.15
SURGICENTER	1	1		52.08		52.08	.002		52.08		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	59		10,033.33		170.06	.095		264.04		16.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-C	OF-PAYMENT	REPORT	FOR JAN 200	2 THRU	DEC	2002	PI	AGE 9,188
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE 68					

----- MONTHLY AVERAGE -----624 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE
58,945.73 \$ 2.16 43.692 \$ 316.91 \$ 94.46
14,304.92 255.45 .090 953.66 22.92
.00 .00 .000 .000 .00 OR DAYS OF CARE @ALL OTHER PROVIDERS 186 27,264 \$ DURABLE MED. EQUIP. 15 56 .00 .00 .00 .000 .00 .00 .000 .00 3.11 1.545 115.43 BLOOD BANK 0 0 0 0 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 964 3,001.05 481.05 17.18 AMBULANCES/AIR TRANS 3 28 .045 160.35 .77 2,383.74 2.63 1.450 21 905 113.51 3.82 OTHER TRANS 31 OTHER SERVICES ACUPUNCTURE 0 .00 10 ADULT DAY HEALTH CARE CTR 140 15.00 0 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP 7 23 4.04 OCCUPATIONAL THERAPIST 0 OPTICIAN 12 28 .61 PHYSICAL THERAPIST 0 .00 Ω PORTABLE X-RAY 22 PROSTHETIST/ORTHOTISTS 8.83 PROSTHETICS 8.83 ORTHOTICS .00 PSYCHOLOGIST 0 .00 SPEECH AND AUDIOLOGY 2.18 HOSPICE SERVICES .00 0 NONINST BIRTHING CENTERS .00 218 1.62 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 RESPIRATORY CARE PRACT. .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00

ALL OTHER PROVIDERS	118	25 , 779	21,500.53	.83	41.313	182.21	34.46
@CALIF. CHILDREN SERVICES*	6	33	\$ 3,853.27	\$ 116.77	.053	\$ 642.21	\$ 6.18
@XOVER EXCLUDING STATE HOSP**	181	3,092	\$ 25,953.07	\$ 8.39	4.955	\$ 143.39	\$ 41.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,189 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	0011111111 01 0111	.1020 1010 210 110112		. 01(1			M	ONT	HLY AVERA	GE	
1,755 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,448	75,548	\$	850,877.10	\$	11.26	43.047		587.62	\$	484.83
@PHYSICIANS SERVICES	177	444	\$	7,371.32	\$	16.60	.253	\$	41.65	\$	4.20
OUTPATIENT VISITS	30	43		1,665.32		38.73	.025		55.51		.95
OFFICE VISITS	21	28		913.46		32.62	.016		43.50		.52
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	9	14		725.04		51.79	.008		80.56		.41
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		26.82		26.82	.001		26.82		.02
INPATIENT VISITS	6	8		356.54		44.57	.005		59.42		.20
HOSPITAL VISITS	3	5		249.04		49.81	.003		83.01		.14
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	3	3		107.50		35.83	.002		35.83		.06
OPHTHALMOLOGICAL SERVICES	1	1		.00		.00	.001		.00		.00
EXAMINATIONS	1	1		.00		.00	.001		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	7		753.21		107.60	.004		376.61		.43
PRINCIPAL SURGEON	1	1		505.96		505.96	.001		505.96		.29
ASSISTANT SURGEON	1	1		101.27		101.27	.001		101.27		.06
ANESTHESIOLOGIST	1	5		145.98		29.20	.003		145.98		.08
OUTPATIENT SURGERY	2	2		119.21		59.61	.001		59.61		.07
PRINCIPAL SURGEON	2	2		119.21		59.61	.001		59.61		.07
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		156.24		52.08	.002		52.08		.09
RADIOLOGY	11	15		949.66		63.31	.009		86.33		.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.93		10.93	.001		10.93		.01
OTHER SERVICES/ALL X-OVERS	136	364		3,360.21		9.23	.207		24.71		1.91
@PHARMACY	1,250	28,410	\$		\$	14.55	16.188	\$	330.68	\$	235.53
PRESCRIPTION DRUGS	1,215	5,550		372,072.92	·	67.04	3.162	·	306.23		212.01
SNF/ICF	50	347		12,364.89		35.63	.198		247.30		7.05
OUTPATIENTS	1,176	5,203		359,708.03		69.13	2.965		305.87		204.96
MEDICAL SUPPLIES	222	22,860		41,280.27		1.81	13.026		185.95		23.52
@DENTIST	70	259	Ś	11,461.00	\$	44.25	.148	Ś	163.73	Ś	6.53
VISITS - DIAGNOSTIC	48	146		2,132.00		14.60	.083		44.42		1.21
ORAL SURGERY	12	40		2,166.00		54.15	.023		180.50		1.23
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.06
PERIODONTICS	1	1		200.00		200.00	.001		200.00		.11
ENDODONTICS	3	3		520.00		173.33	.002		173.33		.30
RESTORATIVE DENTISTRY	19	52		4,219.00		81.13	.030		222.05		2.40
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	5	16		2,124.00		132.75	.009	424.80		1.21
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	002 THRU DE	C 2002	PA	GE 9,190
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU	PPORT						
							MON	ITHLY AVERA	GE -	
1,755 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	26	66	\$	1,543.02	\$	23.38	.038	59.35	\$.88
DIAGNOSTIC AND ANC. PROCED	4	4		187.01		46.75	.002	46.75		.11
EYE APPLIANCES	21	56		1,287.03		22.98	.032	61.29		.73
OTHER OPTOMETRIC SERVICES	5	6		68.98		11.50	.003	13.80		.04
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.002	25.08	\$.03
VISITS	2	3		50.16		16.72	.002	25.08		.03
OTHER SERVICES	0	0		.00		.00	.000	.00		.00

565.95 \$ 11.10

.00

.00

896.31 \$

.00 \$

.00 \$

.00 \$

.00 \$

.00

565.95

43,622.39

34,221.68

2,640.00

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RADIO./PATHOLOGY

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FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

HSC HOSPITALS

MEDICINE/INJECTIONS

NON-HSC HOSPITAL TOTAL	4	12		20,963.36	1746.95	.007	5240.84	11.94	
ACCOMMODATIONS	4	12		7,136.82	594.74	.007	1784.21	4.07	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	12		7,136.82	594.74	.007	1784.21	4.07	
ANCILLARIES	4	0		13,826.54	.00	.000	3456.64	7.88	
INPATIENT CROSSOVERS	15	83		10,618.32	127.93	.047	707.89	6.05	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	71	543		9,400.71	17.31	.309	132.40	5.36	
MEDICAL	5	5		109.56	21.91	.003	21.91	.06	
SURGERY	3	4		33.94	8.49	.002	11.31	.02	
PATHOLOGY	10	42		453.24	10.79	.024	45.32	.26	
RADIOLOGY	7	10		945.52	94.55	.006	135.07	.54	
ROOM USE	13	18		574.93	31.94	.010	44.23	.33	
CROSSOVERS/ALL OTH OUTPINT	60	464		7,283.52	15.70	.264	121.39	4.15	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-	OF-PAYMENT REF	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,1	91
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/	Э3
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT						
						MO	NTHLY AVERA	GE	

1,755 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 641 43,622.39 68.05 .365 \$ 513.20 \$ 24.86 1711.08 COMM HOSP INPATIENT TOTAL 20 98 34,221.68 349.20 .056 19.50 HSC HOSPITALS 2,640.00 880.00 .002 2640.00 1.50 11.94 NON-HSC HOSPITALS TOTAL 12 20,963.36 1746.95 .007 5240.84 ACCOMMODATIONS 12 7,136.82 594.74 .007 1784.21 4.07 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 12 7,136.82 594.74 .007 1784.21 4.07 0 13,826.54 3456.64 ANCILLARIES .00 .000 7.88 INPATIENT CROSSOVERS 15 83 10,618.32 127.93 .047 707.89 6.05 0 0 .00 .000 .00 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 71 543 9,400.71 17.31 .309 132.40 5.36 5 21.91 21.91 MEDICAL 109.56 .003 .06 3 .02 SURGERY 33.94 8.49 .002 11.31 10 10.79 PATHOLOGY 42 453.24 .024 45.32 .26 7 10 RADIOLOGY 945.52 94.55 .006 135.07 .54 ROOM USE 13 18 574.93 31.94 .010 44.23 .33

CROSSOVERS/ALL OTH OUTPTNT		464		7 , 283.52		15.70	.264		121.39		4.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	55	1,120	\$	151,138.50	\$	134.95	.638	\$	2747.97	\$	86.12
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	55	1 120									
LEV B-REGULAR		1,120	_	151,138.50		134.95	.638		2747.97		86.12
@INTERMEDIATE CARE FACILDD	0	U	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	7	\$	2,485.66	\$	355.09	.004	\$	828.55	\$	1.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	7		2,485.66		355.09	.004		828.55		1.42
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	4	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	35	\$	358.89	ċ	10.25	.020	ċ	25.64	ċ	.20
	13	34	Ş		Ş			Ą		ې	
PATHOLOGY				355.00		10.44	.019		27.31		.20
XO AND OTHERS	1	1		3.89		3.89	.001		3.89		.00
@ORGANIZED OUTPATIENT CLINIC	70	126	\$	13,850.76	\$	109.93	.072	\$	197.87	\$	7.89
CLINIC	5	15		322.84		21.52	.009		64.57		.18
SURGICENTER	1	1		52.08		52.08	.001		52.08		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
DUDAT UDATBU OTTNIC	C 1										П СО
RURAL HEALTH CLINIC	64	110		13,475.84		122.51	.063		210.56		7.68
			JRES M	13,475.84 MONTH-OF-PAYMENT RI	EPORT			DEC		P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES M	13,475.84 MONTH-OF-PAYMENT RI	EPORI			DEC		P.	AGE 9,192
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		MONTH-OF-PAYMENT RI	EPOR1			DEC		P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		MONTH-OF-PAYMENT RI	EPORT		2002 THRU		2002		AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM	IE SUE	MONTH-OF-PAYMENT RI		FOR JAN	2002 THRU	IONT	2002 HLY AVERA	.GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL FICES FOR IN HOM UNITS OF SERVIC	IE SUE CE	MONTH-OF-PAYMENT RI	AVE	FOR JAN ERAGE COST	2002 THRU M UNITS/DAY	IONT	2002 CHLY AVERA COST PER	.GE	AGE 9,192 01/17/03 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR	IE SUE CE RE	MONTH-OF-PAYMENT RI	AVE PEF	FOR JAN ERAGE COST R UNIT/DAY	2002 THRU M UNITS/DAY PER ELIG	IONT 'S	HLY AVERA COST PER USER	GE	AGE 9,192 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374	IE SUE CE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95	AVE	F FOR JAN ERAGE COST R UNIT/DAY 4.60	2002 THRU M UNITS/DAY PER ELIG 25.284	IONT 'S	HLY AVERA COST PER USER 408.36	GE	AGE 9,192 01/17/03 COST PER ELIGIBLE 116.34
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86	AVE PEF	F FOR JAN ERAGE COST R UNIT/DAY 4.60 132.24	2002 THRU M UNITS/DAY PER ELIG 25.284 .072	IONT 'S	HLY AVERA COST PER USER 408.36 574.55	GE	AGE 9,192 01/17/03 COST PER ELIGIBLE 116.34 9.49
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86 .00	AVE PEF \$	F FOR JAN ERAGE COST R UNIT/DAY 4.60 132.24 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000	IONT 'S	HLY AVERA COST PER USER 408.36 574.55 .00	GE	AGE 9,192 01/17/03 COST PER ELIGIBLE 116.34 9.49 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0 1	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86 .00	AVE PEF \$	F FOR JAN ERAGE COST R UNIT/DAY 4.60 132.24 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0 1 47	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00	GE	AGE 9,192 01/17/03 COST PER ELIGIBLE 116.34 9.49 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0 1 47 47	CES AND EXPENDITU E/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86 .00	AVE PEF \$	F FOR JAN ERAGE COST R UNIT/DAY 4.60 132.24	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0 1 47	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34	IE SUE CE RE	MONTH-OF-PAYMENT RI PPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 500 29 0 1 47 47	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659	IE SUE CE RE	MONTH-OF-PAYMENT RI PPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7	CES AND EXPENDITURE/DENTAL VICES FOR IN HOME UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44	IE SUE CE RE	MONTH-OF-PAYMENT RI PPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0 134	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706	IE SUE CE RE	MONTH-OF-PAYMENT RIPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .945 .019 .901 .025 .000 .972	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0 134 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOME UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .972 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0 134 0 20	CES AND EXPENDITURE/DENTAL VICES FOR IN HOME UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .972 .000 .102	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0 134 0 20 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .972 .000 .102 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 47 4 39 7 0 134 0 20 0 20	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVICE OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .972 .000 .102 .000 .025	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 4 39 7 0 134 0 20 0 20 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .102 .000 .025 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 4 39 7 0 134 0 20 0 20 0 20 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVICO OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00 12.53 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .025 .000 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56 .00	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 4 39 7 0 134 0 20 0 20 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00 .00 6,727.54	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00 12.53 .00 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .025 .000 .022	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 4 39 7 0 134 0 20 0 20 0 20 0	CES AND EXPENDITURE/DENTAL VICES FOR IN HOM UNITS OF SERVICO OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0 0	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00 12.53 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .025 .000 .000	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56 .00	GE	AGE 9,192 01/17/03
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#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 500 29 0 11 47 4 39 7 0 134 0 20 0 20 0 0 11 11	EES AND EXPENDITURE/DENTAL FICES FOR IN HOM UNITS OF SERVICO OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0 0 38 38	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00 6,727.54 6,727.54	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00 12.53 .00 .00 177.04 177.04	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .102 .000 .025 .000 .025 .000 .022 .022	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56 .00 .00 611.59 611.59	GE	AGE 9,192 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,755 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 500 29 0 1 47 4 39 7 0 134 0 20 0 20 0 11 11 11 0	CES AND EXPENDITURE/DENTAL FICES FOR IN HOME UNITS OF SERVICO OR DAYS OF CAR 44,374 126 0 2 1,659 34 1,581 44 0 1,706 0 179 0 44 0 0 38 38 38	IE SUE CE RE	MONTH-OF-PAYMENT RIPPORT EXPENDITURES 204,179.95 16,661.86 .00 1,138.74 5,715.89 605.96 4,841.98 267.95 .00 111,914.84 .00 7,676.79 .00 551.28 .00 .00 6,727.54 6,727.54	AVE PEF \$	ERAGE COST R UNIT/DAY 4.60 132.24 .00 569.37 3.45 17.82 3.06 6.09 .00 65.60 .00 42.89 .00 12.53 .00 .00 177.04 177.04 .00	2002 THRU M UNITS/DAY PER ELIG 25.284 .072 .000 .001 .945 .019 .901 .025 .000 .972 .000 .102 .000 .025 .000 .025 .000 .025	MONT 'S ; \$	HLY AVERA COST PER USER 408.36 574.55 .00 1138.74 121.61 151.49 124.15 38.28 .00 835.19 .00 383.84 .00 27.56 .00 .00 611.59 611.59	GE	AGE 9,192 01/17/03

HOSPICE SERVICES	5	88	9,440.64	107.28	.050	1888.13	5.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	3 , 507	7,408.28	2.11	1.998	463.02	4.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	273	36 , 978	33,011.05	.89	21.070	120.92	18.81
@CALIF. CHILDREN SERVICES*	10	62	\$ 24,421.23	\$ 393.89	.035	\$ 2442.12	\$ 13.92
@XOVER EXCLUDING STATE HOSP**	417	5,267	\$ 58,621.40	\$ 11.13	3.001	\$ 140.58	\$ 33.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,193
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

				MONTHLY AVERAGE						
11,049 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PE	R	COST PER	
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	8,096	256 , 183	\$	3,210,510.94	\$ 12.53	23.186	\$ 396.5	6 \$	290.57	
@PHYSICIANS SERVICES	1,392	3 , 398	\$	64,687.43	\$ 19.04	.308	\$ 46.4	7 \$	5.85	
OUTPATIENT VISITS	112	164		5,271.73	32.14	.015	47.0	7	.48	
OFFICE VISITS	105	154		4,517.25	29.33	.014	43.0	2	.41	
HOME VISITS	0	0		.00	.00	.000	. 0	0	.00	
EMERGENCY ROOM	9	10		754.48	75.45	.001	83.8	3	.07	
PREVENTIVE CARE	0	0		.00	.00	.000	. 0	0	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	. 0	0	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	. 0	0	.00	
INPATIENT VISITS	10	25		1,173.29	46.93	.002	117.3	3	.11	
HOSPITAL VISITS	9	24		1,119.21	46.63	.002	124.3	6	.10	
CRITICAL CARE	0	0		.00	.00	.000	. 0	0	.00	
SNF/ICF/TRANS IP CARE	1	1		54.08	54.08	.000	54.0	8	.00	
OPHTHALMOLOGICAL SERVICES	9	11		498.85	45.35	.001	55.4	3	.05	
EXAMINATIONS	9	11		498.85	45.35	.001	55.4	3	.05	
SERVICES AND MATERIALS	0	0		.00	.00	.000	. 0	0	.00	
INPATIENT HOSPITAL SURGERY	4	39		2,862.79	73.40	.004	715.7	0	.26	
PRINCIPAL SURGEON	3	4		1,946.82	486.71	.000	648.9	4	.18	
ASSISTANT SURGEON	0	0		.00	.00	.000	. 0	0	.00	
ANESTHESIOLOGIST	2	35		915.97	26.17	.003	457.9	9	.08	
OUTPATIENT SURGERY	12	21		2,660.33	126.68	.002	221.6	9	.24	
PRINCIPAL SURGEON	11	14		2,423.00	173.07	.001	220.2		.22	
ASSISTANT SURGEON	0	0		.00	.00	.000	. 0	0	.00	
ANESTHESIOLOGIST	2	7		237.33	33.90	.001	118.6		.02	
DIALYSIS	0	0		.00	.00	.000	.0	0	.00	
PATHOLOGY	19	25		289.14	11.57	.002	15.2	.2	.03	
RADIOLOGY	34	55		3,547.59	64.50	.005	104.3		.32	
PSYCHIATRY	2	4		145.72	36.43	.000	72.8		.01	
IMMUNIZATION AND INJECTION	12	23		182.68	7.94	.002	15.2		.02	
OTHER SERVICES/ALL X-OVERS	1,271	3,031		48,055.31	15.85	.274	37.8		4.35	
@PHARMACY	7,230	78 , 995	\$	1,634,664.90	\$ 20.69	7.150	\$ 226.0	9 \$		
PRESCRIPTION DRUGS	7,131	27 , 709		1,573,995.32	56.80	2.508	220.7		142.46	
SNF/ICF	257	1 , 579		67 , 431.47	42.71	.143	262.3		6.10	
OUTPATIENTS	6,916	26,130		1,506,563.85	57.66	2.365	217.8	4	136.35	
MEDICAL SUPPLIES	631	51 , 286		60,669.58	1.18	4.642	96.1		5.49	
@DENTIST	450	1,659	\$	•	\$ 45.23	.150				
VISITS - DIAGNOSTIC	298	1,000		13,814.34	13.81	.091	46.3		1.25	
ORAL SURGERY	63	168		8,491.36	50.54	.015	134.7	8	.77	

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.02
PERIODONTICS	16	20		2,610.00		130.50	.002		163.13		.24
ENDODONTICS	13	17		3,765.00		221.47	.002		289.62		.34
RESTORATIVE DENTISTRY	106	231		18,583.00		80.45	.021		175.31		1.68
PROSTHETICS	7	7		110.00		15.71	.001		15.71		.01
DENTURES, STAYPLATES	85	203		27,460.50		135.27	.018		323.06		2.49
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	9	11		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	EC MONT		ים אם ים			DEC		D	AGE 9,194
MOP024	FEE-FOR-SERVICE		ES MON1	TH-OF-PAIMENT R	EPOR	I FOR JAN A	2002 THRU	DEC	2002	P	01/17/03
			7 C C T C M 7	NCE ACED							01/1//03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC A	ASSISTA	ANCE - AGED			M	ONTIM!	III	C E	
11 040 ELICIDIES	USERS	INTEG OF CERTICE		EXPENDITURES	71 7 7	TDACE COCE	M		HLI AVERA COST PER		COCH DED
11,049 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5	USER		COST PER ELIGIBLE
O O DECAMEED TOE	0.04	OR DAYS OF CARE		10 666 00		R UNIT/DAY		ć			-
@OPTOMETRIST	224	597	\$	12,666.82	\$	21.22	.054	\$	56.55	Ş	1.15
DIAGNOSTIC AND ANC. PROCED	50	49		2,272.82		46.38	.004		45.46		.21
EYE APPLIANCES	155	443		8,512.11		19.21	.040		54.92		.77
OTHER OPTOMETRIC SERVICES	69	105		1,881.89		17.92	.010		27.27		.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	109	155	\$	1 , 786.88	\$	11.53	.014	\$	16.39	\$.16
MEDICINE/INJECTIONS	1	1		51.00		51.00	.000		51.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	108	154		1,735.88		11.27	.014		16.07		.16
@HOME HEALTH AGENCY	3	21	\$	1,515.87	\$	72.18	.002	\$	505.29	\$.14
NURSE ANESTHESIST	5	58	\$	283.79	\$	4.89	.005	\$	56.76	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$	24.00	.000	\$	24.00	\$.00
@TOTAL HOSPITAL	456	2,912	\$	299,619.22	\$	102.89	.264	\$	657.06	\$	27.12
HOSP INPATIENT TOTAL	107	590		256,145.09		434.14	.053		2393.88	•	23.18
HSC HOSPITALS	29	135		132,766.12		983.45	.012		4578.14		12.02
NON-HSC HOSPITAL TOTAL	10	42		70,176.65		1670.87	.004		7017.67		6.35
ACCOMMODATIONS	10	42		21,404.70		509.64	.004		2140.47		1.94
ADMINISTRATIVE DAYS	2	6		1,348.75		224.79	.004		674.38		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	36		20,055.95		557.11	.003		2506.99		1.82
ANCILLARIES	10	0		48,771.95		.00	.003		4877.20		4.41
	70	413									
INPATIENT CROSSOVERS	· •			53,202.32		128.82	.037		760.03		4.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	359	2,322		43,474.13		18.72	.210		121.10		3.93

133.43

314.24

546.26

220.55

190.78

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42,349.75

90.10CR

22.24

13.09

68.28

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2,278

8

5

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0

345

24

MEDICAL

SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	7	190.78	27.25	.001	38.16	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	5	7	190.78	27.25	.001	38.16	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,195
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	CES FOR PUBLIC ASSIST	'ANCE - AGED				
					MON	THLY AVERA	GE
11,049 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	451	2 , 905 \$	299,428.44	\$ 103.07	.263 \$	663.92	\$ 27.10
COMM HOSP INPATIENT TOTAL	107	590	256,145.09	434.14	.053	2393.88	23.18
HSC HOSPITALS	29	135	132,766.12	983.45	.012	4578.14	12.02
NON-HSC HOSPITALS TOTAL	10	42	70,176.65	1670.87	.004	7017.67	6.35
ACCOMMODATIONS	10	42	21,404.70	509.64	.004	2140.47	1.94
ADMINISTRATIVE DAYS	2	6	1,348.75	224.79	.001	674.38	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	36	20,055.95	557.11	.003	2506.99	1.82
ANCILLARIES	10	0	48,771.95	.00	.000	4877.20	4.41
INPATIENT CROSSOVERS	70	413	53,202.32	128.82	.037	760.03	4.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	354	2,315		43,283.35		18.70	.210		122.27		3.92
MEDICAL	334	2 , 313		133.43		22.24	.001		33.36		.01
SURGERY	4	1		90.100	a D	90.10CR	.000		45.05C	יםי	.01CR
PATHOLOGY	9	24		314.24	CK	13.09	.000		34.92	л	.01CR
	4	8				68.28					
RADIOLOGY	4	8 5		546.26 220.55		44.11	.001		136.57 27.57		.05 .02
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	340										3.82
	340	2,271	Ċ	42,158.97	Ċ	18.56	.206	<u>_</u>	124.00	<u>_</u>	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Þ	.00	\$.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	226	•	Ċ		Ċ			<u>_</u>		<u>_</u>	
@NURSING FACILITY		5 , 672	Þ	692,171.45	\$	122.03	.513	Þ	3062.71	\$	62.65
LEV A-INTERMEDIATE	6	159		10,495.19		66.01	.014		1749.20		.95
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	•	•		.00		.00	.000		.00		.00
LEV B-REGULAR	220	5,513		681,676.26	_	123.65	.499		3098.53		61.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	17	28	\$	11,051.05	\$	394.68	.003	\$	650.06	\$	1.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	28		11,051.05		394.68	.003		650.06		1.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	43	128	\$	1,282.23	\$	10.02	.012	\$	29.82	\$.12
PATHOLOGY	37	120		1,253.58		10.45	.011		33.88		.11
XO AND OTHERS	6	8		28.65		3.58	.001		4.78		.00
@ORGANIZED OUTPATIENT CLINIC	289	444	\$	53,066.39	\$	119.52	.040	\$	183.62	\$	4.80
CLINIC	3	3		135.65		45.22	.000		45.22		.01
SURGICENTER	30	46		5,558.19		120.83	.004		185.27		.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	257	395		47,372.55		119.93	.036		184.33		4.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT I	REPOR'	r for Jan 2	002 THRU	DEC	2002	P	AGE 9,196
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS:	ISTANCE - AGED							
							M	ONT	HLY AVERA	GE	
11,049 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE

@ALL OTHER PROVIDERS 1,482 162,115 362,656.71 \$ 2.24 14.672 \$ 244.71 \$ 32.82 DURABLE MED. EQUIP. 54 161 8,510.35 52.86 .015 157.60 .77 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 5,035.65 HEARING AID DISPENSERS 16 26 193.68 .002 314.73 .46 170 11,066 27,807.16 2.51 1.002 163.57 2.52 MEDICAL TRANSPORTATION 11 124 1,643.52 13.25 .011 149.41 .15 AMBULANCES/AIR TRANS 135 10,604 2.30 180.53 2.21 OTHER TRANS 24,371.63 .960 OTHER SERVICES 29 338 1,792.01 5.30 .031 61.79 .16 7 12 227.07 18.92 .001 32.44 .02 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 221 2,553 168,564.70 66.03 .231 762.74 15.26 0 0 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 79 789 42,325.27 .071 535.76 3.83 53.64 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 224 6,244.92 OPTICIAN 489 12.77 .044 27.88 .57 .00 PHYSICAL THERAPIST 0 0 .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	51	1,601.77	31.41	.005	66.74	.14
PROSTHETICS	23	50	1,505.27	30.11	.005	65.45	.14
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.01
PSYCHOLOGIST	1	1	42.49	42.49	.000	42.49	.00
SPEECH AND AUDIOLOGY	68	119	15,372.39	129.18	.011	226.06	1.39
HOSPICE SERVICES	9	195	20,936.32	107.37	.018	2326.26	1.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	766	146,653	65 , 988.62	.45	13.273	86.15	5.97
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,274	10,965	\$ 261,490.34	\$ 23.85	.992	\$ 114.99	\$ 23.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,197
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

FLACER COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC	ASSI	STANCE - BLIND		MON		CF
1,224 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,224 EDIGIDES	ONLICO	OR DAYS OF CAR		EAFENDIIONES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	921	78,345	\$	607,647.67	\$ 7.76	64.007		
@PHYSICIANS SERVICES	275	1,000	\$	•	\$ 26.42	.817		
OUTPATIENT VISITS	113	161	۲	6,651.32	41.31	.132	58.86	5.43
OFFICE VISITS	94	118		4,213.12	35.70	.096	44.82	3.44
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	22	36		2,179.00	60.53	.029	99.05	1.78
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.001	126.31	.10
OTHER OUTPATIENT	6	6		132.89	22.15	.005	22.15	.11
INPATIENT VISITS	8	15		1,089.89	72.66	.012	136.24	.89
HOSPITAL VISITS	6	13		990.29	76.18	.011	165.05	.81
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2		99.60	49.80	.002	49.80	.08
OPHTHALMOLOGICAL SERVICES	8	8		323.74	40.47	.007	40.47	.26
EXAMINATIONS	8	8		323.74	40.47	.007	40.47	.26
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	4 4		4,761.33	108.21	.036	264.52	3.89
PRINCIPAL SURGEON	12	13		3,597.38	276.72	.011	299.78	2.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	31		1,163.95	37.55	.025	129.33	.95
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	19		448.11	23.58	.016	37.34	.37
RADIOLOGY	49	83		7,387.28	89.00	.068	150.76	6.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		28.14	14.07	.002	14.07	.02
OTHER SERVICES/ALL X-OVERS	136	668		5,725.35	8.57	.546	42.10	4.68
@PHARMACY	741	16,117	\$	•	\$ 13.56	13.167		
PRESCRIPTION DRUGS	722	2,844		181,632.61	63.87	2.324	251.57	148.39

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	31	320		15,777.23		49.30	.261	508.94		12.89
OUTPATIENTS	694	2,524		165,855.38		65.71	2.062	238.98		135.50
MEDICAL SUPPLIES	141	13,273		36,972.69		2.79	10.844	262.22		30.21
@DENTIST	61	228	5	15,411.35	\$	67.59	.186	\$ 252.65	\$	12.59
VISITS - DIAGNOSTIC	34	105		1,909.35		18.18	.086	56.16		1.56
ORAL SURGERY	6	47		2,062.00		43.87	.038	343.67		1.68
DRUGS	1	1		25.00		25.00	.001	25.00		.02
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	3	3		310.00		103.33	.002	103.33		.25
ENDODONTICS	7	10		2,515.00		251.50	.008	359.29		2.05
RESTORATIVE DENTISTRY	20	46		5,310.00		115.43	.038	265.50		4.34
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	9	15		3,280.00		218.67	.012	364.44		2.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC 2002	PA	AGE 9,198
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03

MOP024 PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PLACER COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND			~ > = =		~=	
1 004					 	MO			GE	
1,224 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	53	\$	2,132.16	\$ 40.23	.043	Ş	92.70	Ş	
DIAGNOSTIC AND ANC. PROCED	7	7		389.82	55.69	.006		55.69		.32
EYE APPLIANCES	18	46		1,720.04	37.39	.038		95.56		1.41
OTHER OPTOMETRIC SERVICES	1	0		22.30	.00	.000		22.30		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	10	11	\$	118.73	\$ 10.79	.009	\$	11.87	\$.10
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	10	11		118.73	10.79	.009		11.87		.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	773	\$	54,394.50	\$ 70.37	.632	\$	503.65	\$	44.44
HOSP INPATIENT TOTAL	16	96		40,005.55	416.72	.078		2500.35		32.68
HSC HOSPITALS	4	19		18,157.38	955.65	.016		4539.35		14.83
NON-HSC HOSPITAL TOTAL	2	5		9,295.02	1859.00	.004		4647.51		7.59
ACCOMMODATIONS	2	5		3,076.55	615.31	.004		1538.28		2.51
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	2	5		3,076.55	615.31	.004		1538.28		2.51
ANCILLARIES	2	0		6,218.47	.00	.000		3109.24		5.08
INPATIENT CROSSOVERS	10	72		12,553.15	174.35	.059		1255.32		10.26
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	95	677		14,388.95	21.25	.553		151.46		11.76
MEDICAL	14	30		518.83	17.29	.025		37.06		.42
SURGERY	7	11		358.89	32.63	.009		51.27		.29
PATHOLOGY	28	167		1,549.97	9.28	.136		55.36		1.27

RADIOLOGY	20	38	2,860.20	75.27	.031	143.01	2.3	4
ROOM USE	39	62	2,446.45	39.46	.051	62.73	2.0	0
CROSSOVERS/ALL OTH OUTPINT	57	369	6,654.61	18.03	.301	116.75	5.4	4
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.0	0
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	0
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	0
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	0
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	0
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
MEDICAL	0	0	.00	.00	.000	.00	.0	0
SURGERY	0	0	.00	.00	.000	.00	.0	0
PATHOLOGY	0	0	.00	.00	.000	.00	.0	0
RADIOLOGY	0	0	.00	.00	.000	.00	.0	0
ROOM USE	0	0	.00	.00	.000	.00	.0	0
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,	199
MOP024	FEE-FOR-SERVICE/DENTAL						01/17	/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND					

----- MONTHLY AVERAGE -----1,224 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 108 773 54,394.50 70.37 .632 \$ 503.65 \$ 44.44 96 COMM HOSP INPATIENT TOTAL 16 40,005.55 416.72 .078 2500.35 32.68 HSC HOSPITALS 19 18,157.38 955.65 .016 4539.35 14.83 5 4647.51 NON-HSC HOSPITALS TOTAL 9,295.02 1859.00 .004 7.59 5 615.31 1538.28 ACCOMMODATIONS 3,076.55 .004 2.51 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 3,076.55 615.31 .004 1538.28 2.51 0 6,218.47 .00 .000 3109.24 ANCILLARIES 5.08 12,553.15 174.35 .059 1255.32 INPATIENT CROSSOVERS 10.26 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 677 14,388.95 21.25 .553 151.46 11.76 MEDICAL 14 30 518.83 17.29 .025 37.06 .42 SURGERY 7 11 358.89 32.63 .009 51.27 .29 PATHOLOGY 28 167 1,549.97 9.28 .136 55.36 1.27 RADIOLOGY 38 2,860.20 75.27 .031 143.01 2.34 ROOM USE 39 62 2,446.45 39.46 .051 62.73 2.00 369 6,654.61 18.03 .301 116.75 5.44 CROSSOVERS/ALL OTH OUTPINT .00 .00 \$ 0 .00 .000 \$.00 @STATE HOSPITAL MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 821 96,824.24 117.93 .671 \$ 2847.77 \$ 79.10 0 .00 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 LEV B-REGULAR 821 96,824.24 117.93 .671 2847.77 79.10 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	34	59	\$	19,727.08	\$	334.36	.048	\$	580.21	\$	16.12
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	34	59		19,727.08		334.36	.048		580.21		16.12
@REHABILITATION FACILITY	2	5	\$	145.67	\$	29.13	.004	\$	72.84	\$.12
HOSPITAL BASED	0	0		20.72		.00	.000		.00		.02
INDEPENDENT FACILITY	2	5		124.95		24.99	.004		62.48		.10
@LABORATORY FACILITY	44	142	\$	1,704.66	\$	12.00	.116	\$	38.74	\$	1.39
PATHOLOGY	44	142		1,704.66		12.00	.116		38.74		1.39
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	116	254	\$	28,976.47	\$	114.08	.208	\$	249.80	\$	23.67
CLINIC	19	4 4		2,391.65		54.36	.036		125.88		1.95
SURGICENTER	11	52		2,862.19		55.04	.042		260.20		2.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	158		23,722.63		150.14	.129		272.67		19.38
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2002 THRU I	DEC	2002	P.	AGE 9,200
MOP024	FEE-FOR-SERVICE	,									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							MC				
1,224 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	220	/	\$	143,192.35	\$		48.106	\$		\$	
DURABLE MED. EQUIP.	18	104		23,073.51		221.86	.085		1281.86		18.85
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.001		25.00		.02
MEDICAL TRANSPORTATION	78	16,754		47,724.99			13.688		611.86		38.99
AMBULANCES/AIR TRANS	9	63		2,139.85		33.97	.051		237.76		1.75
OTHER TRANS	68	16,664		45,475.70		2.73	13.614		668.76		37.15
OTHER SERVICES	2	27		109.44		4.05	.022		54.72		.09
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	25	364	24,336.27	66.86	.297		973.45	19.88
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001		105.00	.09
IHMC, MODEL-NF, NF, AIDS, MSSP	12	129	7,529.00	58.36	.105		627.42	6.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	14	30	355.15	11.84	.025		25.37	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	4	16	1,823.07	113.94	.013		455.77	1.49
PROSTHETICS	4	16	1,823.07	113.94	.013		455.77	1.49
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	15	62	3,458.77	55.79	.051		230.58	2.83
HOSPICE SERVICES	2	48	5,173.00	107.77	.039	2	2586.50	4.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	44	9,324	24,550.49	2.63	7.618		557.97	20.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	53	32,049	5,038.10	.16	26.184		95.06	4.12
@CALIF. CHILDREN SERVICES*	41	1,515	\$ 48,226.53	\$ 31.83	1.238	\$ 1	176.26	\$ 39.40
@XOVER EXCLUDING STATE HOSP**	169	1,369	\$ 50,072.38	\$ 36.58	1.118	\$	296.29	\$ 40.91

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,201 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MOI	THLY AVERA	GE
43,859 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
.,		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32,602	855 , 079 \$	5	24,014,048.88	\$ 28.08	19.496	736.58	
@PHYSICIANS SERVICES	10,016	33,159 \$	5	1,326,542.51	\$ 40.01	.756	3 132.44	\$ 30.25
OUTPATIENT VISITS	5,852	9,118		337,126.17	36.97	.208	57.61	7.69
OFFICE VISITS	4,332	6,250		205,027.76	32.80	.143	47.33	4.67
HOME VISITS	65	92		3,225.87	35.06	.002	49.63	.07
EMERGENCY ROOM	1,550	1,991		107,377.97	53.93	.045	69.28	2.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	36		2,337.25	64.92	.001	129.85	.05
OTHER OUTPATIENT	605	749		19,157.32	25.58	.017	31.66	.44
INPATIENT VISITS	566	2,809		134,231.28	47.79	.064	237.16	3.06
HOSPITAL VISITS	451	2,506		112,300.38	44.81	.057	249.00	2.56
CRITICAL CARE	47	137		16,607.65	121.22	.003	353.35	.38
SNF/ICF/TRANS IP CARE	116	166		5,323.25	32.07	.004	45.89	.12
OPHTHALMOLOGICAL SERVICES	114	137		5,842.15	42.64	.003	51.25	.13
EXAMINATIONS	113	135		5,778.63	42.80	.003	51.14	.13
SERVICES AND MATERIALS	2	2		63.52	31.76	.000	31.76	.00
INPATIENT HOSPITAL SURGERY	283	1,824		182,047.12	99.81	.042	643.28	4.15
PRINCIPAL SURGEON	220	403		141,266.72	350.54	.009	642.12	3.22
ASSISTANT SURGEON	40	45		9,449.17	209.98	.001	236.23	.22
ANESTHESIOLOGIST	110	1,376		31,331.23	22.77	.031	284.83	.71
OUTPATIENT SURGERY	710	1 , 758		142,495.85	81.06	.040	200.70	3.25
PRINCIPAL SURGEON	582	758		111,380.06	146.94	.017	191.37	2.54
ASSISTANT SURGEON	8	8		917.61	114.70	.000	114.70	.02
ANESTHESIOLOGIST	182	992		30,198.18	30.44	.023	165.92	.69
DIALYSIS	51	164		15,419.64	94.02	.004	302.35	.35
PATHOLOGY	707	1,263		22,630.54	17.92	.029	32.01	.52

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2,257	4,482		231,557.93		51.66	.102		102.60		5.28
PSYCHIATRY	111	118		4,076.61		34.55	.003		36.73		.09
IMMUNIZATION AND INJECTION	389	1,183		20,341.10		17.19	.027		52.29		.46
OTHER SERVICES/ALL X-OVERS	3,810	10,303		230,774.12		22.40	.235		60.57		5.26
@PHARMACY	27,591	247,533	\$	11,571,695.45	\$	46.75	5.644	\$	419.40	\$	263.84
PRESCRIPTION DRUGS	27,341	120,538		10,673,963.87		88.55	2.748		390.40		243.37
SNF/ICF	776	7,357		376,745.23		51.21	.168		485.50		8.59
OUTPATIENTS	26 , 778	113,181		10,297,218.64		90.98	2.581		384.54		234.78
MEDICAL SUPPLIES	1,999	126 , 995		897,731.58		7.07	2.896		449.09		20.47
@DENTIST	3,116	12 , 579	\$	575 , 613.91	\$	45.76	.287	\$	184.73	\$	13.12
VISITS - DIAGNOSTIC	2,018	7,668		107,182.91		13.98	.175		53.11		2.44
ORAL SURGERY	392	1,044		51,560.25		49.39	.024		131.53		1.18
DRUGS	16	19		377.50		19.87	.000		23.59		.01
ANESTHESIA	15	15		1,450.00		96.67	.000		96.67		.03
PERIODONTICS	160	219		32,660.00		149.13	.005		204.13		.74
ENDODONTICS	219	308		67 , 367.25		218.72	.007		307.61		1.54
RESTORATIVE DENTISTRY	1,023	2,465		223,177.50		90.54	.056		218.16		5.09
PROSTHETICS	26	27		815.00		30.19	.001		31.35		.02
DENTURES, STAYPLATES	300	678		81,326.00		119.95	.015		271.09		1.85
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	7	8		250.00		31.25	.000		35.71		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	52	86		9,247.50		107.53	.002		177.84		.21
ALL OTHER SERVICES	41	42		200.00		4.76	.001		4.88		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PP	GE 9,202
MOP024	FEE-FOR-SERVICE/DENT.	AL									01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

THIODIC COOKIT	COLUMNIC OF SELIC	WIOLD FOR FODEFO	11001	Ollinon Dibliband				0370		~=	
42 050 51 5055 50			_		3.7.7				THLY AVERA	-	
43,859 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		-	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,048	2,837	\$	61,962.84	\$	21.84	.065	Ş		Ş	1.41
DIAGNOSTIC AND ANC. PROCED	471	476		21,756.02		45.71	.011		46.19		.50
EYE APPLIANCES	773	2,161		35,018.92		16.20	.049		45.30		.80
OTHER OPTOMETRIC SERVICES	146	200		5 , 187.90		25.94	.005		35.53		.12
@CHIROPRACTOR	222	398	\$	6,444.70	\$	16.19	.009	\$	29.03	\$.15
VISITS	209	374		6,110.66		16.34	.009		29.24		.14
OTHER SERVICES	13	24		334.04		13.92	.001		25.70		.01
@PODIATRIST	421	851	\$	13,474.03	\$	15.83	.019	\$	32.00	\$.31
MEDICINE/INJECTIONS	110	123		3,206.44		26.07	.003		29.15		.07
SURGERY/ANES.	13	17		981.44		57.73	.000		75.50		.02
RADIO./PATHOLOGY	5	5		86.50		17.30	.000		17.30		.00
OTHER	308	706		9,199.65		13.03	.016		29.87		.21
@HOME HEALTH AGENCY	221	8,462	\$	330,979.72	\$	39.11	.193	\$	1497.65	\$	7.55
NURSE ANESTHESIST	11	159	\$	696.71	\$	4.38	.004	\$	63.34	\$.02
NURSE MIDWIFE	2	3	\$	665.24	\$	221.75	.000	\$	332.62	\$.02
PEDIATRIC NURSE PRACTITIONER		2	\$	56.03	\$	28.02	.000	\$	56.03	\$.00
FAMILY NURSE PRACTITIONER	26	43	\$	1,062.55	\$	24.71	.001	\$	40.87	\$.02
@TOTAL HOSPITAL	4,864	33,202	\$	4,565,354.33	\$	137.50	.757	\$	938.60	\$	104.09
HOSP INPATIENT TOTAL	609	3 , 758		3,785,054.57		1007.20	.086		6215.20		86.30
HSC HOSPITALS	292	1,816		2,008,394.06		1105.94	.041		6878.06		45.79
NON-HSC HOSPITAL TOTAL	159	829		1,630,585.95		1966.93	.019		10255.26		37.18
ACCOMMODATIONS	159	829		527,563.35		636.39	.019		3318.01		12.03
ADMINISTRATIVE DAYS	12	95		21,949.91		231.05	.002		1829.16		.50
TRANSITIONAL IP CARE	0	0		25.17		.00	.000		.00		.00
ALL OTHER ACCOM	149	734		505,588.27		688.81	.017		3393.21		11.53
ANCILLARIES	159	0		1,103,022.60		.00	.000		6937.25		25.15

INPATIENT CROSSOVERS	172	1,113		146,074.56		131.24	.02	5	849.27		3.33
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
HOSP OUTPATIENT TOTAL	4,491	29,444		780,299.76		26.50	.67	1	173.75		17.79
MEDICAL	835	1,303		58,400.89		44.82	.03	0	69.94		1.33
SURGERY	355	386		45,005.08		116.59	.00	9	126.77		1.03
PATHOLOGY	1,640	9,127		87,137.45		9.55	.20	8	53.13		1.99
RADIOLOGY	1,135	1,808		154,942.80		85.70	.04	1	136.51		3.53
ROOM USE	2,480	3,731		154,111.95		41.31	.08	5	62.14		3.51
CROSSOVERS/ALL OTH OUTPINT	2,450	13,089		280,701.59		21.45	.29	8	114.57		6.40
@COUNTY HOSPITAL TOTAL	46	208	\$	22,532.87		108.33	.00	5 \$	489.85	\$.51
CO HOSPITAL INPATIENT TOTAL	3	18		17,017.48		945.42	.00	0	5672.49		.39
HSC HOSPITALS	3	18		17,017.48		945.42	.00	0	5672.49		.39
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00	0	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.00	0	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.00	0	.00		.00
ANCILLARIES	0	0		.00		.00	.00	0	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00	0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0	.00		.00
CO HOSP OUTPATIENT TOTAL	44	190		5,515.39		29.03	.00	4	125.35		.13
MEDICAL	16	20		856.38		42.82	.00	0	53.52		.02
SURGERY	1	2		232.65		116.33	.00	0	232.65		.01
PATHOLOGY	21	91		1,279.10		14.06	.00	2	60.91		.03
RADIOLOGY	2	3		245.77		81.92	.00	0	122.89		.01
ROOM USE	31	43		1,659.81		38.60	.00	1	53.54		.04
CROSSOVERS/ALL OTH OUTPTNT	10	31		1,241.68		40.05	.00		124.17		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2002 THR	U DE	C 2002	PAGE	,
MOP024	FEE-FOR-SERVICE/DENTAL									(1/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	ASSISTANC	E - DISABLED							

----- MONTHLY AVERAGE -----43,859 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .752 \$ @COMMUNITY HOSPITAL TOTAL 4,826 32,994 4,542,821.46 137.69 941.32 \$ 103.58 COMM HOSP INPATIENT TOTAL 606 3,740 3,768,037.09 1007.50 .085 6217.88 85.91 45.40 289 1,798 1,991,376.58 1107.55 .041 6890.58 HSC HOSPITALS 829 10255.26 NON-HSC HOSPITALS TOTAL 1,630,585.95 1966.93 .019 37.18 ACCOMMODATIONS 159 829 527,563.35 636.39 .019 3318.01 12.03 21,949.91 ADMINISTRATIVE DAYS 12 95 231.05 .002 1829.16 .50 TRANSITIONAL IP CARE 0 0 25.17 .00 .000 .00 .00 ALL OTHER ACCOM 149 734 505,588.27 688.81 .017 3393.21 11.53 ANCILLARIES 159 0 1,103,022.60 .00 .000 6937.25 25.15 3.33 INPATIENT CROSSOVERS 172 1,113 146,074.56 131.24 .025 849.27 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 4,455 29,254 774,784.37 26.48 .667 173.91 COMM HOSP OUTPATIENT TOTAL 17.67 1,283 57,544.51 70.09 MEDICAL 821 .029 1.31 44.85 354 384 SURGERY 44,772.43 116.59 .009 126.48 1.02 PATHOLOGY 1,620 9,036 85,858.35 9.50 .206 53.00 1.96 1,133 1,805 154,697.03 85.70 136.54 3.53 RADIOLOGY .041 ROOM USE 2,453 3,688 152,452.14 41.34 .084 62.15 3.48 13,058 279,459.91 21.40 .298 114.53 6.37 CROSSOVERS/ALL OTH OUTPTNT 2,440 0 .00 .00 .00 @STATE HOSPITAL 0 .000 .00 0 .00 .00 .000 .00 .00 MENTALLY ILL DEVELOP. DISABLED 0 0 .00 .00 .000 .00 .00 3319.31 @NURSING FACILITY 358 9,668 \$ 1,188,311.73 122.91 .220 \$ 27.09 LEV A-INTERMEDIATE 3 90 5,286.60 58.74 .002 1762.20 .12

LEV B-REHAB MD	2	42		4,938.73		117.59	.001		2469.37		.11
LEV B-SUBACUTE FREESTANDING	2	30		9,841.50		328.05	.001		4920.75		.22
LEV B-SUBACUTE HSPTL BASED	1	31		16,709.31		539.01	.001		16709.31		.38
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	350	9,475		1,151,535.59		121.53	.216		3290.10		26.26
@INTERMEDIATE CARE FACILDD	167	5,007	\$	805,398.76	\$	160.85	.114	\$	4822.75	\$	18.36
ICF DDH	85	2,536		370,679.63		146.17	.058		4360.94		8.45
ICF DD	6	182		23,452.52		128.86	.004		3908.75		.53
ICF DDN/DDCN	76	2,289		411,266.61		179.67	.052		5411.40		9.38
@HEMODIALYSIS TOTAL	178	4,682	\$	242,663.86	\$	51.83	.107	\$	1363.28	\$	5.53
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	178	4,682		242,663.86		51.83	.107		1363.28		5.53
@REHABILITATION FACILITY	30	129	\$	3,209.71	\$	24.88	.003	\$	106.99	\$.07
HOSPITAL BASED	26	111		2,743.99		24.72	.003		105.54		.06
INDEPENDENT FACILITY	4	18		465.72		25.87	.000		116.43		.01
@LABORATORY FACILITY	2,497	10,808	\$	134,957.68	\$	12.49	.246	\$	54.05	\$	3.08
PATHOLOGY	2,484	10,794		134,818.55		12.49	.246		54.27		3.07
XO AND OTHERS	13	14		139.13		9.94	.000		10.70		.00
@ORGANIZED OUTPATIENT CLINIC	3,945	6 , 850	\$	1,045,399.39	\$	152.61	.156	\$	264.99	\$	23.84
CLINIC	270	653		15,557.11		23.82	.015		57.62		.35
SURGICENTER	93	416		19,752.52		47.48	.009		212.39		.45
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001		219.30		.02
RURAL HEALTH CLINIC	3,615	5 , 725		1,009,431.85		176.32	.131		279.23		23.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 20	02 THRU	DEC	2002	P.	AGE 9,204
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR PUBLI	C ASS	SISTANCE - DISABLEI							

---- MONTHLY AVERAGE ----43,859 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,891 478,707 2,139,559.73 4.47 10.915 \$ 363.19 \$ 48.78 @ALL OTHER PROVIDERS 2,279 177.92 .052 612.49 DURABLE MED. EQUIP. 405,469.71 9.24 1 10 14.80 .000 148.00 BLOOD BANK 148.00 .00 HEARING AID DISPENSERS 16 18 3,917.18 217.62 .000 244.82 .09 MEDICAL TRANSPORTATION 1,072 64,854 266,139.91 4.10 1.479 248.26 6.07 AMBULANCES/AIR TRANS 519 6,056 91,911.99 15.18 .138 177.09 2.10 516 57,921 160,749.15 2.78 1.321 311.53 3.67 OTHER TRANS 877 15.37 .020 195.34 .31 OTHER SERVICES 13,478.77 25 17.25 ACUPUNCTURE 54 931.30 .001 37.25 .02 ADULT DAY HEALTH CARE CTR 598 9,723 648,353.70 66.68 .222 1084.20 14.78 GENETIC DISEASE TESTING 7 622.00 88.86 .000 88.86 .01 IHMC, MODEL-NF, NF, AIDS, MSSP 147 5,891 221,244.32 37.56 .134 1505.06 5.04 OCCUPATIONAL THERAPIST 21 267 1,801.85 6.75 .006 85.80 .04 OPTICIAN 903 2,044 24,675.20 12.07 .047 27.33 .56 PHYSICAL THERAPIST 31 360 4,365.64 12.13 .008 140.83 .10 7 103.49 14.78 .000 17.25 PORTABLE X-RAY 227.11 .85 164 414 37,246.40 89.97 .009 PROSTHETIST/ORTHOTISTS 157 405 PROSTHETICS 36,836.33 90.95 .009 234.63 .84 45.56 .000 ORTHOTICS 410.07 58.58 .01 PSYCHOLOGIST 7 15 610.86 40.72 87.27 .01 .000 861 3,625 SPEECH AND AUDIOLOGY 147,979.37 40.82 .083 171.87 3.37 700 93,000.46 132.86 3875.02 2.12 HOSPICE SERVICES .016 0 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 38,355 479 106,321.61 2.77 .875 221.97 2.42 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	1,476	350,084	176,628.73	.50	7.982	119.67	4.03
@CALIF. CHILDREN SERVICES*	614	15,620	\$ 917,428.34	\$ 58.73	.356	\$ 1494.18	\$ 20.92
@XOVER EXCLUDING STATE HOSP**	4,436	31,743	\$ 574,328.00	\$ 18.09	.724	\$ 129.47	\$ 13.09

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,205
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MON	THLY AVERA	.GE	
49,220 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@TOTAL, ALL PROVIDERS	22 , 991	104,560	\$ 5,182,570.22	\$ 49.57	2.124 \$	225.42	\$	105.29
@PHYSICIANS SERVICES	11,039	23,727	\$ 943,984.65	\$ 39.79	.482 \$	85.51	\$	19.18
OUTPATIENT VISITS	9,221	12,773	446,491.98	34.96	.260	48.42		9.07
OFFICE VISITS	6,719	8,816	278,113.12	31.55	.179	41.39		5.65
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2,087	2,423	106,767.07	44.06	.049	51.16		2.17
PREVENTIVE CARE	9	9	380.02	42.22	.000	42.22		.01
OB VISITS/COMPRE PERI	315	509	37,106.95	72.90	.010	117.80		.75
OTHER OUTPATIENT	854	1,016	24,124.82	23.74	.021	28.25		.49
INPATIENT VISITS	243	734	33,978.00	46.29	.015	139.83		.69
HOSPITAL VISITS	239	683	27 , 547.87	40.33	.014	115.26		.56
CRITICAL CARE	16	51	6,430.13	126.08	.001	401.88		.13
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	37	40	1,334.23	33.36	.001	36.06		.03
EXAMINATIONS	29	31	1,301.99	42.00	.001	44.90		.03
SERVICES AND MATERIALS	9	9	32.24	3.58	.000	3.58		.00
INPATIENT HOSPITAL SURGERY	270	1,156	162,076.62	140.20	.023	600.28		3.29
PRINCIPAL SURGEON	170	202	130,791.16	647.48	.004	769.36		2.66
ASSISTANT SURGEON	40	40	7,041.09	176.03	.001	176.03		.14
ANESTHESIOLOGIST	113	914	24,244.37	26.53	.019	214.55		.49

OUTPATIENT SURGERY	697	1,517		95,112.09		62.70	.031		136.46		1.93
PRINCIPAL SURGEON	569	671		73,115.65		108.97	.014		128.50		1.49
ASSISTANT SURGEON	5	5		465.62		93.12	.000		93.12		.01
ANESTHESIOLOGIST	169	841		21,530.82		25.60	.017		127.40		. 44
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1,197	1,479		17,781.07		12.02	.030		14.85		.36
RADIOLOGY	1,876	2,636		120,533.22		45.73	.054		64.25		2.45
PSYCHIATRY	130	150		5,112.60		34.08	.003		39.33		.10
IMMUNIZATION AND INJECTION	255	692		14,031.39		20.28	.014		55.03		.29
OTHER SERVICES/ALL X-OVERS	796	2 , 550		47,533.45		18.64	.052		59.72		.97
@PHARMACY	10,717	25,443	\$	1,265,069.84	\$	49.72	.517	\$	118.04	\$	25.70
PRESCRIPTION DRUGS	10,659	23,954		1,246,640.67		52.04	.487		116.96		25.33
SNF/ICF	16	108		2,252.61		20.86	.002		140.79		.05
OUTPATIENTS	10,654	23,846		1,244,388.06		52.18	.484		116.80		25.28
MEDICAL SUPPLIES	214	1,489		18,429.17		12.38	.030		86.12		.37
@DENTIST	3,632	17,069	\$	619,585.34	\$	36.30	.347	\$	170.59	\$	12.59
VISITS - DIAGNOSTIC	2,543	10,736		160,421.06		14.94	.218		63.08		3.26
ORAL SURGERY	457	922		48,528.50		52.63	.019		106.19		.99
DRUGS	125	140		3,375.00		24.11	.003		27.00		.07
ANESTHESIA	18	18		1,600.00		88.89	.000		88.89		.03
PERIODONTICS	56	70		8,465.00		120.93	.001		151.16		.17
ENDODONTICS	333	642		102,297.25		159.34	.013		307.20		2.08
RESTORATIVE DENTISTRY	1,397	4,056		254 , 786.75		62.82	.082		182.38		5.18
PROSTHETICS	14	14		340.00		24.29			24.29		.01
DENTURES, STAYPLATES	40	134		15,182.00		113.30			379.55		.31
SPACE MAINTAINERS	38	47		5,611.00		119.38			147.66		.11
MAXILLOFACIAL SERVICES	13	18		1,169.49		64.97	.000		89.96		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	148	187		16,974.29		90.77	.004		114.69		.34
ALL OTHER SERVICES	54	85		835.00		9.82	.002		15.46		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	IONTH-OF-PAYMENT RI	EPOR'	r for Jan	2002 THRU	DEC	2002	PA	GE 9,206
MOP024	FEE-FOR-SERVICE/DE										01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - FAMILIES							
40.000			_				M	ONTI	HLY AVERA	GE -	

49,220 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES				COST PER	COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	686	1,950	\$	45 , 576.78	\$	23.37	.040	\$ 66.44	\$.93
DIAGNOSTIC AND ANC. PROCED	530	536		24,668.76		46.02	.011	46.54	.50
EYE APPLIANCES	494	1,391		20,317.73		14.61	.028	41.13	.41
OTHER OPTOMETRIC SERVICES	22	23		590.29		25.66	.000	26.83	.01
@CHIROPRACTOR	78	112	\$	1,868.46	\$	16.68	.002	\$ 23.95	\$.04
VISITS	78	112		1,868.46		16.68	.002	23.95	.04
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	68	114	\$	4,717.57	\$	41.38	.002	\$ 69.38	\$.10
MEDICINE/INJECTIONS	54	66		2,153.42		32.63	.001	39.88	.04
SURGERY/ANES.	13	16		1,219.29		76.21	.000	93.79	.02
RADIO./PATHOLOGY	11	13		230.58		17.74	.000	20.96	.00
OTHER	10	19		1,114.28		58.65	.000	111.43	.02
@HOME HEALTH AGENCY	13	36	\$	2,294.95	\$	63.75	.001	\$ 176.53	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	4	\$	241.92	\$	60.48	.000	\$ 80.64	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000	\$ 75.17	\$.00
@TOTAL HOSPITAL	3,996	14,615	\$	1,453,350.83	\$	99.44	.297	\$ 363.70	\$ 29.53
HOSP INPATIENT TOTAL	261	939		1,098,276.64		1169.62	.019	4207.96	22.31
HSC HOSPITALS	175	531		607,953.67		1144.92	.011	3474.02	12.35

NON-HSC HOSPITAL TOTAL	85	385		488,698.97	1269.35	.008	5749.40		9.93
ACCOMMODATIONS	85	385		209,599.65	544.41	.008	2465.88		4.26
ADMINISTRATIVE DAYS	1	2		480.78	240.39	.000	480.78		.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	84	383		209,118.87	546.00	.008	2489.51		4.25
ANCILLARIES	85	0		279,099.32	.00	.000	3283.52		5.67
INPATIENT CROSSOVERS	2	23		1,624.00	70.61	.000	812.00		.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,830	13,676		355,074.19	25.96	.278	92.71		7.21
MEDICAL	440	680		18,076.43	26.58	.014	41.08		.37
SURGERY	394	430		12,671.98	29.47	.009	32.16		.26
PATHOLOGY	1,203	4,453		47,143.92	10.59	.090	39.19		.96
RADIOLOGY	1,010	1,324		72,724.16	54.93	.027	72.00		1.48
ROOM USE	3,148	3,970		158,239.70	39.86	.081	50.27		3.21
CROSSOVERS/ALL OTH OUTPINT		2,819		46,218.00	16.40	.057	33.25		.94
@COUNTY HOSPITAL TOTAL	14	33	\$	7,593.33	\$ 230.10	.001		Ś	.15
CO HOSPITAL INPATIENT TOTAL	= =	6	т	6,515.00	1085.83	.000	3257.50	т	.13
HSC HOSPITALS	2	6		6,515.00	1085.83	.000	3257.50		.13
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	14	27		1,078.33	39.94	.001	77.02		.02
MEDICAL	7	8		349.01	43.63	.000	49.86		.01
SURGERY	, U	0		1.56	.00	.000	.00		.00
PATHOLOGY	1	0		.00	.00	.000	.00		.00
RADIOLOGY	3	2		229.95	114.98	.000	76.65		.00
ROOM USE	11	12		466.57	38.88	.000	42.42		.01
CROSSOVERS/ALL OTH OUTPINT	==	5		31.24	6.25	.000	5.21		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	FC M					PAG	GE 9,207
MOP024	FEE-FOR-SERVICE		00 M	ONIII OF TATMENT N	BIONI FOR OAN A	2002 IIINO D	EC 2002	IAC	01/17/03
PLACER COUNTY		ICES FOR PUBLIC	TPPA	STANCE - FAMILIES					01/1//03
THACHK COOMIT	DOM:MICE OF DERIV	TODS FOR TODDIC	TOOL	STANCE PARTITIES		MO	NTHLY AVERA	GE	
49,220 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
19,220 111011110	ODLIND	OR DAYS OF CARE		LM LNDII OKLO	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,986	14,582	\$	1,445,757.50	\$ 99.15		\$ 362.71		29.37
COMM HOSP INPATIENT TOTAL	259	933	т	1,091,761.64	1170.16	.019	4215.30	т	22.18
HSC HOSPITALS	173	525		601,438.67	1145.60	.013	3476.52		12.22
NON-HSC HOSPITALS TOTAL	85	385		488,698.97	1269.35	.008	5749.40		9.93
ACCOMMODATIONS	85	385		209,599.65	544.41	.008	2465.88		4.26
ACCOMMODATIONS	1	303		400 70	240.30		400.00		01

49,220 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,986	14 , 582 \$	1,445,757.50	\$ 99.15	.296 \$	362.71	\$ 29.37
COMM HOSP INPATIENT TOTAL	259	933	1,091,761.64	1170.16	.019	4215.30	22.18
HSC HOSPITALS	173	525	601,438.67	1145.60	.011	3476.52	12.22
NON-HSC HOSPITALS TOTAL	85	385	488,698.97	1269.35	.008	5749.40	9.93
ACCOMMODATIONS	85	385	209,599.65	544.41	.008	2465.88	4.26
ADMINISTRATIVE DAYS	1	2	480.78	240.39	.000	480.78	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	383	209,118.87	546.00	.008	2489.51	4.25
ANCILLARIES	85	0	279,099.32	.00	.000	3283.52	5.67
INPATIENT CROSSOVERS	2	23	1,624.00	70.61	.000	812.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3 , 819	13 , 649	353 , 995.86	25.94	.277	92.69	7.19
MEDICAL	433	672	17,727.42	26.38	.014	40.94	.36
SURGERY	394	430	12,670.42	29.47	.009	32.16	.26
PATHOLOGY	1,202	4,453	47,143.92	10.59	.090	39.22	.96
RADIOLOGY	1,007	1,322	72,494.21	54.84	.027	71.99	1.47
ROOM USE	3,140	3 , 958	157,773.13	39.86	.080	50.25	3.21

CROSSOVERS/ALL OTH OUTPINT	1,384	2,814		46,186.76		16.41	.057		33.37		.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
	0	0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0		Ċ	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	Ι	1	\$	427.03	\$	427.03	.000	Ş	427.03	Ş	.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		427.03		427.03	.000		427.03		.01
@REHABILITATION FACILITY	3	4	\$	311.64	\$	77.91	.000	Ş		Ş	.01
HOSPITAL BASED	3	4		311.64		77.91	.000		103.88		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,151	6,293	\$		\$.128	\$	43.65	\$	1.91
PATHOLOGY	2,151	6 , 293		93,882.88		14.92	.128		43.65		1.91
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,623	5,436	\$	625,413.26	\$	115.05	.110	\$	238.43	\$	12.71
CLINIC	721	2,311		59,397.41		25.70	.047		82.38		1.21
SURGICENTER	63	385		13,081.49		33.98	.008		207.64		.27
HEROIN DETOX CLINIC	1	20		231.69		11.58	.000		231.69		.00
RURAL HEALTH CLINIC	1,874	2,720		552,702.67		203.20	.055		294.93		11.23
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT			DEC		PI	AGE 9,208
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - FAMILIES							
							M	ONT	HLY AVERA	GE -	
49,220 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY				COST PER
13,220 221013220	00210	OR DAYS OF CAR		2111 2112 1 0 1120			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,329	9,755	\$	125,769.90	\$.198		54.00		2.56
DURABLE MED. EQUIP.	112	185	Υ	8,109.95	Υ	43.84	.004	7	72.41	۲	.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	222	3,300		43,762.61		13.26	.067		197.13		.89
AMBULANCES/AIR TRANS	219	2,977		39,677.76		13.33	.060		181.18		.81
OTHER TRANS	3	321		484.85		1.51	.007		161.62		.01
	3	2		3,600.00		1800.00	.000		1800.00		.07
OTHER SERVICES	∠	10									
ACUPUNCTURE	0			162.20		16.22	.000		40.55		.00
ADULT DAY HEALTH CARE CTR		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	96	97		7,705.00		79.43	.002		80.26		.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	506	1,092		9,984.15		9.14	.022		19.73		.20
PHYSICAL THERAPIST	3	59		732.97		12.42	.001		244.32		.01
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	47	79		4,908.87		62.14	.002		104.44		.10
PROSTHETICS	44	74		4,602.18		62.19	.002		104.60		.09
ORTHOTICS	3	5		306.69		61.34	.000		102.23		.01
PSYCHOLOGIST	14	67		2,760.26		41.20	.001		197.16		.06
SPEECH AND AUDIOLOGY	53	86		5 , 280.27		61.40	.002		99.63		.11

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,311	4,757	41,569.24	8.74	.097	31.71	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	23	794.38	34.54	.000	198.60	.02
@CALIF. CHILDREN SERVICES*	182	1,664	\$ 236,064.46	\$ 141.87	.034	\$ 1297.06	\$ 4.80
@XOVER EXCLUDING STATE HOSP**	18	51	\$ 3,056.85	\$ 59.94	.001	\$ 169.83	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,209
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	STANCE				,,
						MOI		
105,352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
	64,610	1,294,167	\$		\$ 25.51	12.284		313.38
@PHYSICIANS SERVICES	22,722	61,284 22,216 15,338	\$	2,361,629.75	\$ 38.54 35.81	.582		
OUTPATIENT VISITS	15,298	22,216		795,541.20	35.81	.211	52.00	
OFFICE VISITS	11,250	15,338		491,871.25	32.07			
HOME VISITS	65	92		3,225.87	35.06	.001	49.63	.03
EMERGENCY ROOM	3,668	4,460		217,078.52	48.67 42.22	.042	59.18	2.06
PREVENTIVE CARE	9	9					42.22	.00
OB VISITS/COMPRE PERI	334	546			72.47		118.47	.38
OTHER OUTPATIENT	1,465	1,771		43,415.03	24.51	.017	29.63	.41
INPATIENT VISITS	827 705	3,583 3,226		170,472.46	47.58 44.00	.034	206.13	1.62
HOSPITAL VISITS		3 , 226		141,957.75	44.00	.031	201.36	1.35
CRITICAL CARE	63	188		23,037.78	122.54		365.68	.22
SNF/ICF/TRANS IP CARE		169		5,476.93	32.41	.002	46.02	.05
OPHTHALMOLOGICAL SERVICES	168	196 185		7,998.97	40.81	.002	47.61	.08
EXAMINATIONS	159	185		7,903.21	42.72	.002	49.71	.08
SERVICES AND MATERIALS	11	11		95.76	8.71		8.71	.00
INPATIENT HOSPITAL SURGERY	557	3,019		346,986.53	114.93	.029	622.96	3.29
PRINCIPAL SURGEON	393	609		274 004 70	449 93	.006	697.21	2.60
ASSISTANT SURGEON	80	85		16,490.26	194.00	.001	206.13	.16
ANESTHESIOLOGIST	225	2,325			24.30		251.07	.54
OUTPATIENT SURGERY	1,437	3,340		245,029.60	73.36 130.85 106.40	.032	170.51	2.33
PRINCIPAL SURGEON	1,174	1,456		190,516.09	130.85	.014	162.28	1.81
ASSISTANT SURGEON	13	13		1,383.23	106.40	.000	106.40	.01
ANESTHESIOLOGIST	362	1,871		53,130.28	28.40	.018	146.77	.50
DIALYSIS	51	164		15,419.64	94.02	.002	302.35	.15
PATHOLOGY	1,935	2,786		41,148.86	1 / 77	.026	21.27	.39
RADIOLOGY	4,216	7,256		363,026.02	50.03	.026 .069	86.11	3.45
PSYCHIATRY	243	272		9,334.93	34.32	.003	38.42	.09
IMMUNIZATION AND INJECTION		1,900		34,583.31	18.20	.018	52.56	.33
OTHER SERVICES/ALL X-OVERS	6,013	16,552		332.088.23	20.06	.157	55.23	3.15
@PHARMACY	46,279	368,088	\$	14,690,035.49	\$ 39.91	3.494	\$ 317.42	\$ 139.44
PRESCRIPTION DRUGS	45 , 853	175,045		13,676,232.47	78.13		298.26	129.81
SNF/ICF	1,080	9,364		462,206.54	49.36	.089	427.97	4.39
OUTPATIENTS	45,042	165,681		13,214,025.93 1,013,803.02	79.76	.089 1.573	293.37	125.43
MEDICAL SUPPLIES	2,985	165,681 193,043				1.832	339.63	9.62
@DENTIST	7 , 259	31,535	\$	1,285,644.80	\$ 40.77		\$ 177.11	\$ 12.20
VISITS - DIAGNOSTIC	4,893	19,509		283,327.66	14.52	.185	57.90	2.69
ORAL SURGERY	918	2,181			50.73	.021	120.53	1.05

DRUGS	142	160		3,777.50	23.61	.002	26.60	.04
ANESTHESIA	35	35		3,250.00	92.86	.000	92.86	.03
PERIODONTICS	235	312		44,045.00	141.17	.003	187.43	.42
ENDODONTICS	572	977		175,944.50	180.09	.009	307.60	1.67
RESTORATIVE DENTISTRY	2,546	6 , 798		501,857.25	73.82	.065	197.12	4.76
PROSTHETICS	47	48		1,265.00	26.35	.000	26.91	.01
DENTURES, STAYPLATES	434	1,030		127,248.50	123.54	.010	293.20	1.21
SPACE MAINTAINERS	38	47		5,611.00	119.38	.000	147.66	.05
MAXILLOFACIAL SERVICES	20	26		1,419.49	54.60	.000	70.97	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	200	273		26 , 221.79	96.05	.003	131.11	.25
ALL OTHER SERVICES	105	139		1,035.00	7.45	.001	9.86	.01
#CALIF DEPT OF HEALTH SERV			ES MC	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,210
MOP024	FEE-FOR-SERVICE							01/17/03
PLACER COUNTY	SUMMARY OF SERVI	ICES FOR PUBLIC .	ASSIS	STANCE				
							NTHLY AVERA	-
105,352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,981	5,437	\$	122,338.60	\$ 22.50	.052	•	
DIAGNOSTIC AND ANC. PROCED	1,058	1,068		49,087.42	45.96	.010	46.40	.47
EYE APPLIANCES	1,440	4,041		65,568.80	16.23		45.53	.62
OTHER OPTOMETRIC SERVICES	238	328		7,682.38	23.42	.003	32.28	.07
@CHIROPRACTOR	300	510	\$	8,313.16	\$ 16.30	.005	•	•
VISITS	287	486		7,979.12	16.42	.005	27.80	.08
OTHER SERVICES	13	24		334.04	13.92	.000	25.70	.00
@PODIATRIST	608	1,131	\$	20,097.21	\$ 17.77	.011		
MEDICINE/INJECTIONS	165	190		5,410.86	28.48	.002	32.79	.05
SURGERY/ANES.	26	33		2,200.73	66.69	.000	84.64	.02
RADIO./PATHOLOGY	16	18		317.08	17.62	.000	19.82	.00
OTHER	436	890		12,168.54	13.67	.008	27.91	.12
@HOME HEALTH AGENCY NURSE ANESTHESIST	237	8 , 519	\$	334,790.54	\$ 39.30	.081	\$ 1412.62	\$ 3.18
	16	217	Ś	980.50	\$ 4.52	.002	\$ 61.28	\$.01

	_	_									
NURSE MIDWIFE	5	./	Ş	907.16		129.59	.000		181.43		.01
PEDIATRIC NURSE PRACTITIONER	1	2	\$	56.03		28.02	.000		56.03		.00
FAMILY NURSE PRACTITIONER	28	45 51,502	\$	1,161.72	\$.000		41.49		.01
@TOTAL HOSPITAL	28 9,424 993	51 , 502	\$	6,372,718.88				\$	676.22	\$	60.49
HOSP INPATIENT TOTAL	99.3	J, JOJ		5,179,481.85		962.19			5215.99		49.16
HSC HOSPITALS	500	2,501		2,767,271.23		1106.47			5534.54		26.27
NON-HSC HOSPITAL TOTAL	500 256 256	1,261		2,198,756.59		1743.66 604.00	.012		8588.89		20.87
ACCOMMODATIONS	256	1,261 1,261		761,644.25					2975.17		7.23
ADMINISTRATIVE DAYS	15	103		23,779.44		230.87			1585.30		.23
TRANSITIONAL IP CARE	0	0		25.17		.00	.000		.00		.00
ALL OTHER ACCOM	243	1,158		25.17 737,839.64		637.17	.011		3036.38		7.00
ANCILLARIES	256	0		1,437,112.34		.00	.000		5613.72		13.64
INPATIENT CROSSOVERS	254	1,621		213,454.03		131.68	.015		840.37		2.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	8 , 775	46,119		1,193,237.03		25.87	.438		135.98		11.33
MEDICAL	1,293	2,019		77,129.58		38.20	.019		59.65		.73
SURGERY	758	828		57,945.85		69.98 9.89	.008		76.45		.55
PATHOLOGY	2,880	13,771		136,145.58		9.89	.131		47.27		1.29
RADIOLOGY	2,169	3,178		231,073.42		72.71	.030		106.53		2.19
ROOM USE	5,675	7,768		315,018.65		40.55	.074		55.51		2.99
CROSSOVERS/ALL OTH OUTPTNT		18,555				20.26	.176		88.62		3.57
@COUNTY HOSPITAL TOTAL	65	248	\$	375,923.95 30,316.98 23.532.48	\$	122.25	.002	\$	466.42	\$.29
CO HOSPITAL INPATIENT TOTAL	5	24		23,532.48		980.52	.000		4706.50		.22
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	5	24 0 0 0 0		23,532.48		980.52	.000		4706.50		.22
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	63	224		6,784.50		30.29	.002		.00 107.69		.06
MEDICAL	23	28		1,205.39		43.05	.000		52.41		.01
SURGERY	1 22	2		234.21		117.11	.000		234.21		.00
PATHOLOGY	22	91		1,279.10		14.06	.001		58.14		.01
RADIOLOGY	5	5		475.72		95.14	.000		95.14		.00
ROOM USE	42	55		2,126.38		38.66	.001		50.63		.02
CROSSOVERS/ALL OTH OUTPTNT		43		1,463.70		34.04	.000		69.70		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M		EPOR		2002 THRU	DEC	2002	PA	AGE 9,211
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE							
							M	ONT	HLY AVERA	GE -	

MONTHLY AVERAGE									
105,352 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	9,371	51 , 254 \$	6,342,401.90	\$ 123.74	.487 \$	676.81	\$ 60.20		
COMM HOSP INPATIENT TOTAL	988	5 , 359	5,155,949.37	962.11	.051	5218.57	48.94		
HSC HOSPITALS	495	2,477	2,743,738.75	1107.69	.024	5542.91	26.04		
NON-HSC HOSPITALS TOTAL	256	1,261	2,198,756.59	1743.66	.012	8588.89	20.87		
ACCOMMODATIONS	256	1,261	761,644.25	604.00	.012	2975.17	7.23		
ADMINISTRATIVE DAYS	15	103	23,779.44	230.87	.001	1585.30	.23		
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00		
ALL OTHER ACCOM	243	1,158	737,839.64	637.17	.011	3036.38	7.00		
ANCILLARIES	256	0	1,437,112.34	.00	.000	5613.72	13.64		
INPATIENT CROSSOVERS	254	1,621	213,454.03	131.68	.015	840.37	2.03		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

COMM HOSP OUTPATIENT TOTAL	8 , 723	45 , 895		1,186,452.53		25.85	.436		136.01		11.26
MEDICAL	1,272	1,991		75 , 924.19		38.13	.019		59.69		.72
SURGERY	757	826		57,711.64		69.87	.008		76.24		.55
PATHOLOGY	2,859	13,680		134,866.48		9.86	.130		47.17		1.28
RADIOLOGY	2,164	3,173		230,597.70		72.67	.030		106.56		2.19
ROOM USE	5,640	7,713		312,892.27		40.57	.073		55.48		2.97
CROSSOVERS/ALL OTH OUTPTNT		18,512		374,460.25			.176		88.71		3.55
@STATE HOSPITAL	, 0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	'	.00	'	.00	.000		.00		.00
DELIEL OR REGIDEED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	618	16,161	\$	1,977,307.42	Ś			Ś	3199.53	Ś	18.77
LEV A-INTERMEDIATE	9	249	Ψ	15,781.79	Ψ.	63 38	.002	Τ.	1753.53	т	.15
LEV B-REHAB MD	2	42		4,938.73		63.38 117.59	.000		2469.37		.05
LEV B-SUBACUTE FREESTANDING	0 618 9 2 2 1 0 604 167 85	30		9,841.50		328.05			4920.75		.09
LEV B-SUBACUTE HSPTL BASED	1	30 31 0		16,709.31		539.01	.000		16709.31		.16
LEV B-TRANSITIONAL IP CARE		21		.00		.00	.000		.00		.00
LEV B-IRANSIIIONAL IP CARE	C 0 4	15,809									18.32
LEV B-REGULAR	167	15,809	Ċ	1,930,036.09	ć	122.08	.150	Ċ	3195.42	Ċ	
@INTERMEDIATE CARE FACILDD	167	5,007	\$	805,398.76	Þ	160.85	.048	Þ	4822.75	Ş	
ICF DDH	85	2,536		370,679.63		146.17	.024		4360.94		3.52
	6 76			23,452.52		128.86 179.67	.002		3908.75		.22
ICF DDN/DDCN	76	2,289	_	411,266.61	_	179.67	.022		5411.40	_	3.90
@HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	230	4,770	\$	•	Ş	57.41		Ş	1190.73	Ş	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	230	4,770					.045		1190.73		2.60
@REHABILITATION FACILITY	35	138	\$	3,667.02	\$	26.57 26.75	.001	\$	104.77	\$.03
HOSPITAL BASED	29	115		3,076.35		26.75	.001		106.08		.03
INDEPENDENT FACILITY	6	23 17 , 371		590.67		25.68	.000				.01
@LABORATORY FACILITY	4,735	17,371	\$	231,827.45	\$	13.35	.165	\$	48.96	\$	2.20
PATHOLOGY	4,716	17,349		231 , 659.67		13.35	.165				2.20
XO AND OTHERS	19	22		167.78 1,752,855.51 77,481.82		7.63	.000		8.83		.00
@ORGANIZED OUTPATIENT CLINIC	6 , 973	12,984	\$	1,752,855.51	\$	135.00	.123		251.38	\$	16.64
CLINIC	1,013	3,011							76.49		.74
SURGICENTER	197	899		41,254.39		45.89	.009		209.41		.39
HEROIN DETOX CLINIC	4	76		889.60		45.89 11.71	.001		222.40		.01
RURAL HEALTH CLINIC	5,833	8,998		1,633,229.70		181.51	.085		280.00		15.50
			JRES M	ONTH-OF-PAYMENT RE	EPOR			DEC		E	PAGE 9,212
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY		JICES FOR PUBLIC	C ASST	STANCE							,,
121021 000111	0011111111 01 0111	. 1020 101 10221	0 11001	2111.02			Mo	TNC	HLY AVERA	GE	
105,352 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:				COST PER
		OR DAYS OF CAL					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	9,922	709,459	\$	2,771,178.69	\$				279.30		
DURABLE MED. EQUIP.	846	2,729	Y	445,163.52		163 12				Ψ	4.23
BLOOD BANK	1	10		148.00		163.12 14.80	.026 .000		148.00		.00
HEARING AID DISPENSERS	33	45		8,977.83		199.51	.000		272.06		.09
MEDICAL TRANSPORTATION	1,542	95 , 974		385,434.67		4.02	.911		249.96		3.66
	758	9,220				14.68			178.59		1.28
	722			135,373.12		2.70	.812		320.06		2.19
OTHER TRANS		85,510		231,081.33							
OTHER SERVICES	102	1,244		18,980.22		15.26	.012		186.08		.18
ACUPUNCTURE	36	76		1,320.57		17.38	.001		36.68		.01
ADULT DAY HEALTH CARE CTR	844	12,640		841,254.67		66.55	.120		996.75		7.99
GENETIC DISEASE TESTING	104	105		8,432.00		80.30	.001		81.08		.08
IHMC, MODEL-NF, NF, AIDS, MSSP	238	6,809		271,098.59		39.81	.065		1139.07		2.57
OCCUPATIONAL THERAPIST	21	267		1,801.85		6.75	.003		85.80		.02
OPTICIAN	1,647	3,655		41,259.42		11.29	.035		25.05		.39
PHYSICAL THERAPIST	34	419		5,098.61		12.17	.004		149.96		.05

8,723

COMM HOSP OUTPATIENT TOTAL

45,895

1,186,452.53

25.85

.436

136.01

11.26

PORTABLE X-RAY	6	7	103.49	14.78	.000	17.25	.00
PROSTHETIST/ORTHOTISTS	239	560	45,580.11	81.39	.005	190.71	.43
PROSTHETICS	228	545	44,766.85	82.14	.005	196.35	.42
ORTHOTICS	11	15	813.26	54.22	.000	73.93	.01
PSYCHOLOGIST	22	83	3,413.61	41.13	.001	155.16	.03
SPEECH AND AUDIOLOGY	997	3,892	172,090.80	44.22	.037	172.61	1.63
HOSPICE SERVICES	35	943	119,109.78	126.31	.009	3403.14	1.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,834	52,436	172,441.34	3.29	.498	94.02	1.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,299	528 , 809	248,449.83	.47	5.019	108.07	2.36
@CALIF. CHILDREN SERVICES*	837	18 , 799	\$ 1,201,719.33	\$ 63.92	.178	\$ 1435.75	\$ 11.41
@XOVER EXCLUDING STATE HOSP**	6 , 897	44,128	\$ 888,947.57	\$ 20.14	.419	\$ 128.89	\$ 8.44

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,213
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

I DACEN COONII	SOMMAN OF SEN	VICES FOR THE NO SOC	AGED	AID CODE I4 III	10		
					MON		
4,281 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,828	67 , 114 \$	1,398,894.00	\$ 20.84	15.677 \$	494.66	\$ 326.77
@PHYSICIANS SERVICES	521	1,344 \$	38,660.29	\$ 28.77	.314 \$	74.20	\$ 9.03
OUTPATIENT VISITS	120	151	5,433.80	35.99	.035	45.28	1.27
OFFICE VISITS	109	137	4,691.85	34.25	.032	43.04	1.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11	665.31	60.48	.003	60.48	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	76.64	25.55	.001	25.55	.02
INPATIENT VISITS	13	49	2,125.40	43.38	.011	163.49	.50
HOSPITAL VISITS	11	41	1,886.00	46.00	.010	171.45	. 44
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	8	239.40	29.93	.002	119.70	.06
OPHTHALMOLOGICAL SERVICES	11	12	450.15	37.51	.003	40.92	.11
EXAMINATIONS	11	12	450.15	37.51	.003	40.92	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	38	3,625.52	95.41	.009	604.25	.85
PRINCIPAL SURGEON	3	3	2,570.31	856.77	.001	856.77	.60
ASSISTANT SURGEON	1	1	297.84	297.84	.000	297.84	.07
ANESTHESIOLOGIST	3	34	757.37	22.28	.008	252.46	.18
OUTPATIENT SURGERY	20	52	7,084.35	136.24	.012	354.22	1.65
PRINCIPAL SURGEON	14	14	6,063.46	433.10	.003	433.10	1.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	38	1,020.89	26.87	.009	127.61	.24
DIALYSIS	1	1	225.04	225.04	.000	225.04	.05
PATHOLOGY	13	16	365.35	22.83	.004	28.10	.09
RADIOLOGY	62	110	4,272.86	38.84	.026	68.92	1.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	16	98.14	6.13	.004	12.27	.02
OTHER SERVICES/ALL X-OVERS	368	899	14,979.68	16.66	.210	40.71	3.50
@PHARMACY	2,364	37,810 \$		\$ 13.69			
PRESCRIPTION DRUGS	2,341	8,801	504,535.58	57.33	2.056	215.52	117.85

SNF/ICF	125	579	27,131.90		46.86	.135	217.06	6.34	
OUTPATIENTS	2,235	8,222	477,403.68		58.06	1.921	213.60	111.52	
MEDICAL SUPPLIES	132	29,009	12,913.49		.45	6.776	97.83	3.02	
@DENTIST	260	1,124 \$	51,894.70			.263 \$			
VISITS - DIAGNOSTIC	167	641	9,124.70		14.24	.150	54.64	2.13	
ORAL SURGERY	27	84	3,721.00		44.30	.020	137.81	.87	
DRUGS	0	0	.00		.00	.000	.00	.00	
ANESTHESIA	1	2	200.00		100.00	.000	200.00	.05	
PERIODONTICS	5	5	800.00		160.00	.001	160.00	.19	
ENDODONTICS	17	25	5,525.00		221.00	.006	325.00	1.29	
RESTORATIVE DENTISTRY	81	154	16,825.00		109.25	.036	207.72	3.93	
PROSTHETICS	4	5	150.00		30.00	.001	37.50	.04	
DENTURES, STAYPLATES	53	202	15,549.00		76.98	.047	293.38	3.63	
SPACE MAINTAINERS	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00	
ALL OTHER SERVICES	6	6	.00		.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT E	REPOF	RT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,21	4
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03	
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- AGED	AID	CODE 14 1H	1U			
						MON	THLY AVERA	GE	
4,281 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PE	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	69	174 \$	3,667.45	\$	21.08	.041 \$	53.15	\$.86	
DIAGNOSTIC AND ANC. PROCED	22	22	1,024.26		46.56	.005	46.56	.24	
EYE APPLIANCES	45	122	2,125.47		17.42	.028	47.23	.50	
OTHER OPTOMETRIC SERVICES	18	30	517.72		17.26	.007	28.76	.12	
@CHIROPRACTOR	1	1 \$	16.72	\$	16.72	.000 \$	16.72	\$.00	
VISITS	0	0	.00		.00	.000	.00	.00	
OTHER SERVICES	1	1	16.72		16.72	.000	16.72	.00	
@PODIATRIST	19	27 \$	250.59	\$.006 \$		\$.06	
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00	
SURGERY/ANES.	_								
001(021(1)11(20:	0	0	.00		.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00	
							.00 13.19		

3.67 NURSE ANESTHESIST 14.67 .001 \$ 14.67 .00 0 .00 .00 .000 \$.00 \$ NURSE MIDWIFE \$.00 0 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 .00 \$.00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .000 \$.00 \$.00 @TOTAL HOSPITAL 149 901 62,631.83 69.51 .210 \$ 420.35 \$ 14.63 .017 HOSP INPATIENT TOTAL 19 73 40,839.62 559.45 2149.45 9.54 HSC HOSPITALS 30 33,065.00 1102.17 .007 4723.57 7.72 0 NON-HSC HOSPITAL TOTAL 21.05CR .00 .000 .00 .00 0 0 21.05CR .00 .000 .00 .00 ACCOMMODATIONS .00 0 0 21.05CR .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS 12 43 7,795.67 181.29 .010 649.64 1.82 0 .00 0 .00 .00 .00 ALL OTHER INPATIENT .000 828 5.09 HOSP OUTPATIENT TOTAL 133 21,792.21 26.32 .193 163.85 MEDICAL 11 14 512.25 36.59 .003 46.57 .12 9 SURGERY 9 950.16 105.57 .002 105.57 .22

751.60

11.05

.016

50.11

.18

15

PATHOLOGY

RADIOLOGY	11	21	1,929.72	91.89	.005	175.43	.45
ROOM USE	21	25	1,561.06	62.44	.006	74.34	.36
CROSSOVERS/ALL OTH OUTPTNT	102	691	16,087.42	23.28	.161	157.72	3.76
@COUNTY HOSPITAL TOTAL	1	3 \$	54.71	\$ 18.24	.001 \$	54.71	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	54.71	18.24	.001	54.71	.01
MEDICAL	1	1	10.25	10.25	.000	10.25	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	18.48	18.48	.000	18.48	.00
ROOM USE	1	1	25.39	25.39	.000	25.39	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.59	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEG	C 2002	PAGE 9,215
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	C - AGED	AID CODE 14 1H	1U		
					MON'	THLY AVERA	GE
4,281 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	898 \$	62,577.12	\$ 69.68	.210 \$	422.82	\$ 14.62
COMM HOSP INPATIENT TOTAL	19	73	40,839.62	559.45	.017	2149.45	9.54
HSC HOSPITALS	7	30	33,065.00	1102.17	.007	4723.57	7.72
NON-HSC HOSPITALS TOTAL	0	0	21.050	R .00	.000	.00	.00
		_					

21.05CR

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ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		21.05C	R	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	43		7,795.67		181.29	.010		649.64		1.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	132	825		21,737.50		26.35	.193		164.68		5.08
MEDICAL	10	13		502.00		38.62	.003		50.20		.12
SURGERY	9	9		950.16		105.57	.002		105.57		.22
PATHOLOGY	15	68		751.60		11.05	.016		50.11		.18
RADIOLOGY	10	20		1,911.24		95.56	.005		191.12		.45
ROOM USE	20	24		1,535.67		63.99	.006		76.78		.36
CROSSOVERS/ALL OTH OUTPTNT		691		16,086.83		23.28	.161		157.71		3.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	-7	.00	.000	7	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	142	3,692	\$	531,391.05	\$	143.93		Ś	3742.19	Ś	124.13
LEV A-INTERMEDIATE	14	433	'	32,708.48		75.54	.101		2336.32		7.64
LEV B-REHAB MD	1	5		604.65		120.93	.001		604.65		.14
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	6	241		125,430.62		520.46	.056		20905.10		29.30
LEV B-TRANSITIONAL IP CARE	Ō	0		.00		.00	.000		.00		.00
LEV B-REGULAR	125	3,013		372,647.30		123.68	.704		2981.18		87.05
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	214	\$	21,447.85	\$	100.22	.050	\$	1531.99	\$	5.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	214		21,447.85		100.22	.050		1531.99		5.01
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	76	313	\$	3,452.18	\$	11.03	.073	\$	45.42	\$.81
PATHOLOGY	75	312		3,449.69		11.06	.073		46.00		.81
XO AND OTHERS	1	1		2.49		2.49	.000		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	115	184	\$	23,149.23	\$	125.81	.043	\$	201.30	\$	5.41
CLINIC	7	15		376.32		25.09	.004		53.76		.09
SURGICENTER	6	23		1,435.48		62.41	.005		239.25		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	102	146		21,337.43		146.15	.034		209.19		4.98
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	P	AGE 9,216
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR MN - N	10 SOC	- AGED	AID	CODE 14 1H				~-	
4,281 ELIGIBLES	HOEDO	INITES OF SERVICE	N		70. 77. 7				THLY AVERA	-	
4,281 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		,					COST PER
@ALL OTHER PROVIDERS	351	OR DAYS OF CAP 21,294	\E \$	142,763.77	\$	6.70	PER ELIG		USER 406.73		ELIGIBLE 33.35
DURABLE MED. EQUIP.	21	129	Ą	7,866.69	۲	60.98	.030	۲	374.60	ې	1.84
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	7		2,081.93		297.42	.000		693.98		.49
MEDICAL TRANSPORTATION	58	2,511		10,791.72		4.30	.587		186.06		2.52
AMBULANCES/AIR TRANS	2	7		211.88		30.27	.002		105.94		.05
OTHER TRANS	44	2,411		9,462.32		3.92	.563		215.05		2.21
OTHER SERVICES	13	93		1,117.52		12.02	.022		85.96		.26
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	ű	o o		• 0 0		• • •			• 5 0		• • •

ADULT DAY HEALTH CARE CTR	91	1,428	94,938.30	66.48	.334	1043.28	22.18
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	32	2,826.06	88.31	.007	403.72	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	65	149	1,822.48	12.23	.035	28.04	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	2	3	135.67	45.22	.001	67.84	.03
PROSTHETICS	2	3	135.67	45.22	.001	67.84	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	37	7,000.03	189.19	.009	304.35	1.64
HOSPICE SERVICES	2	57	6,114.96	107.28	.013	3057.48	1.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	103	16,939	9,184.63	.54	3.957	89.17	2.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	518	2,189	\$ 73,100.66	\$ 33.39	.511	\$ 141.12	\$ 17.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAG	E
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17	198 \$	21,534.46	\$ 108.76	13.200 \$	1266.73	\$ 1435.63
@PHYSICIANS SERVICES	3	9 \$	239.01	\$ 26.56	.600 \$	79.67	\$ 15.93
OUTPATIENT VISITS	1	1	81.40	81.40	.067	81.40	5.43
OFFICE VISITS	1	1	81.40	81.40	.067	81.40	5.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	8		157.61		19.70	.533		78.81		10.51
@PHARMACY	13	45	\$	2,817.13	\$	62.60	3.000	\$	216.70	\$	187.81
PRESCRIPTION DRUGS	13	45		2,817.13		62.60	3.000		216.70		187.81
SNF/ICF	6	12		321.99		26.83	.800		53.67		21.47
OUTPATIENTS	8	33		2,495.14		75.61	2.200		311.89		166.34
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	15	5	120.00	\$	8.00	1.000	\$	60.00	\$	8.00
VISITS - DIAGNOSTIC	2	4		75.00		18.75	.267		37.50		5.00
ORAL SURGERY	1	1		45.00		45.00	.067		45.00		3.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	10		.00		.00	.667		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	-OF-PAYMENT REA	PORT F	OR JAN	2002 THRU	DEC	2002	PA	GE 9,218
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

AID CODE 24

----- MONTHLY AVERAGE -----15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 EYE APPLIANCES 0 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 5.80 @PODIATRIST 5.80 .067 \$ 5.80 \$.39 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER 5.80 5.80 .067 5.80 .39 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 .000 \$ @TOTAL HOSPITAL 82.00 .00 .00 5.47 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

PLACER COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	82.00	.00	.000	.00	5.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	82.00	.00	.000	.00	5.47
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,219
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO SOC -	- BLIND	AID CODE	24		
					MONT	CHLY AVERAG	GE
15 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	82.00	\$.00	.000 \$.00	\$ 5.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL TP CARE	Ω	Ω	0.0	0.0	000	0.0	0.0

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	3	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 82.00	\$.00	.000	\$.00	\$ 5.47
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	82.00		.00	.000		.00	5.47
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	82.00		.00	.000		.00	5.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	5	92	\$ 11,300.48	\$	122.83	6.133	\$	2260.10	\$ 753.37
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	92		11,300.48		122.83	6.133		2260.10		753.37
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	·	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	36	\$	6,486.27	\$	180.17	2.400	\$	1621.57	\$	432.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	36		6,486.27		180.17	2.400		1621.57		432.42
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	483.77	\$.00	.000	\$.00	\$	32.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		483.77		.00	.000		.00		32.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	JRES M	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 9,220
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - N	10 SOC	C - BLIND		AID CODE	24				
							M	CNT	HLY AVERA	GE	
15 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST	,	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	8	13	\$	2,934.84	\$ 225.76	.867	\$ 366.86	\$ 195.66	
<pre>@* TOTALS IN THESE LINES ARE GIVE</pre>	EN AS A SEPARATE IN	NFORMATION	ITEM ON	LY;					
THE AMOUNTS ARE ALREADY INCLUD	DED IN THE APPROPRE	IATE DETAIL	LINES	ABOVE.					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,221 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MO	NTHLY AVERA	GE	
4,380 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG	SIBLE
@TOTAL, ALL PROVIDERS	3,562	89 , 124 \$	\$ 3,335,205.99	\$ 37.42	20.348	\$ 936.33	\$ 76	1.46
@PHYSICIANS SERVICES	972	5 , 071 \$	\$ 213,192.80	\$ 42.04	1.158	\$ 219.33	\$ 4	8.67
OUTPATIENT VISITS	393	610	23,944.16	39.25	.139	60.93		5.47
OFFICE VISITS	286	445	14,596.77	32.80	.102	51.04		3.33
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	106	125	8,144.78	65.16	.029	76.84		1.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	37	40	1,202.61	30.07	.009	32.50		.27
INPATIENT VISITS	109	921	38,316.98	41.60	.210	351.53		8.75
HOSPITAL VISITS	106	843	31,038.16	36.82	.192	292.81		7.09
CRITICAL CARE	13	72	7,057.10	98.02	.016	542.85		1.61
SNF/ICF/TRANS IP CARE	4	6	221.72	36.95	.001	55.43		.05
OPHTHALMOLOGICAL SERVICES	10	12	482.69	40.22	.003	48.27		.11
EXAMINATIONS	10	12	482.69	40.22	.003	48.27		.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	68	423	47,763.02	112.91	.097	702.40	1	0.90
PRINCIPAL SURGEON	50	98	38,350.48	391.33	.022	767.01		8.76
ASSISTANT SURGEON	10	10	2,143.70	214.37	.002	214.37		.49
ANESTHESIOLOGIST	27	315	7,268.84	23.08	.072	269.22		1.66

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	59	118		13,193.85		111.81	.027		223.62		3.01
PRINCIPAL SURGEON	53	67		11,499.55		171.64	.015		216.97		2.63
ASSISTANT SURGEON	1	1		185.41		185.41	.000		185.41		.04
ANESTHESIOLOGIST	11	50		1,508.89		30.18	.011		137.17		.34
DIALYSIS	7	59		2,101.54		35.62	.013		300.22		.48
PATHOLOGY	62	225		5,528.35		24.57	.051		89.17		1.26
RADIOLOGY	229	859		42,953.77		50.00	.196		187.57		9.81
PSYCHIATRY	8	8		270.74		33.84	.002		33.84		.06
IMMUNIZATION AND INJECTION	36	545		8,482.88		15.56	.124		235.64		1.94
OTHER SERVICES/ALL X-OVERS	512	1,291		30,154.82		23.36	.295		58.90		6.88
@PHARMACY	2,888	23 , 789	\$	1,131,155.58	\$	47.55	5.431	\$	391.67	\$	258.25
PRESCRIPTION DRUGS	2,852	13,468		1,111,000.59		82.49	3.075		389.55		253.65
SNF/ICF	85	1,074		48,786.62		45.43	.245		573.96		11.14
OUTPATIENTS	2,789	12,394		1,062,213.97		85.70	2.830		380.86		242.51
MEDICAL SUPPLIES	192	10,321		20,154.99		1.95	2.356		104.97		4.60
@DENTIST	345	1,492	\$	75 , 779.95	\$	50.79	.341	\$	219.65	\$	17.30
VISITS - DIAGNOSTIC	226	822		11,863.20		14.43	.188		52.49		2.71
ORAL SURGERY	51	174		8 , 377.50		48.15	.040		164.26		1.91
DRUGS	5	5		90.00		18.00	.001		18.00		.02
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.05
PERIODONTICS	12	12		1,990.00		165.83	.003		165.83		.45
ENDODONTICS	30	43		10,054.00		233.81	.010		335.13		2.30
RESTORATIVE DENTISTRY	131	310		31,078.25		100.25	.071		237.24		7.10
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.01
DENTURES, STAYPLATES	34	109		12,022.00		110.29	.025		353.59		2.74
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	10	13		75.00		5.77	.003		7.50		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	002 THRU	DEC	2002	PF	AGE 9,222
MOP024	FEE-FOR-SERVICE/DE										01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR MN - N	o soc	- DISABLED 64	6G 6F	4 6U 6V 6X	8G				

I DACDI COONII	DOMINANT OF DEL	AVICED FOR	1.111/ 1/	0 500	DISADIED	04 0	0 01	1 00 00 02	00				
									M	CNC	THLY AVERA	GE.	
4,380 ELIGIBLES	USERS	UNITS OF	SERVIC	Έ	EXPENDITUR	RES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	Œ			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	89		240	\$	5,469.	78	\$	22.79	.055	\$	61.46	\$	1.25
DIAGNOSTIC AND ANC. PROCED	36		36		1,636.	75		45.47	.008		45.47		.37
EYE APPLIANCES	66		181		3,239.	68		17.90	.041		49.09		.74
OTHER OPTOMETRIC SERVICES	18		23		593.	35		25.80	.005		32.96		.14
@CHIROPRACTOR	23		39	\$	616.	81	\$	15.82	.009	\$	26.82	\$.14
VISITS	20		34		568.	48		16.72	.008		28.42		.13
OTHER SERVICES	3		5		48.	33		9.67	.001		16.11		.01
@PODIATRIST	32		82	\$	1,120.	21	\$	13.66	.019	\$	35.01	\$.26
MEDICINE/INJECTIONS	6		8		166.	00		20.75	.002		27.67		.04
SURGERY/ANES.	1		1		33.	51		33.51	.000		33.51		.01
RADIO./PATHOLOGY	1		1		17.	30		17.30	.000		17.30		.00
OTHER	26		72		903.	40		12.55	.016		34.75		.21
@HOME HEALTH AGENCY	55	10	,469	\$	315,132.	23	\$	30.10	2.390	\$	5729.68	\$	71.95
NURSE ANESTHESIST	0		0	\$		00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$		00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$		00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	442	3	,725	\$	1,126,559.	24	\$	302.43	.850	\$	2548.78	\$	257.21
HOSP INPATIENT TOTAL	103		996		1,047,802.	52		1052.01	.227		10172.84		239.22
HSC HOSPITALS	56		654		733,177.	00		1121.07	.149		13092.45		167.39

NON-HSC HOSPITAL TOTAL	26	221		298,577.15	1351.03	.050	11483.74		68.17
ACCOMMODATIONS	26	221		120,277.74	544.24	.050	4626.07		27.46
ADMINISTRATIVE DAYS	7	82		18,490.85	225.50	.019	2641.55		4.22
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	19	139		101,786.89	732.28	.032	5357.20		23.24
ANCILLARIES	26	0		178,299.41	.00	.000	6857.67		40.71
INPATIENT CROSSOVERS	26	121		16,048.37	132.63	.028	617.25		3.66
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	367	2,729		78,756.72	28.86	.623	214.60		17.98
MEDICAL	57	80		3,454.21	43.18	.018	60.60		.79
SURGERY	26	30		1,328.07	44.27	.007	51.08		.30
PATHOLOGY	135	910		8,954.96	9.84	.208	66.33		2.04
RADIOLOGY	71	138		15,244.13	110.46	.032	214.71		3.48
ROOM USE	145	216		8,581.04	39.73	.049	59.18		1.96
CROSSOVERS/ALL OTH OUTPTNT	225	1,355		41,194.31	30.40	.309	183.09		9.41
@COUNTY HOSPITAL TOTAL	4	101	\$	94,855.88	\$ 939.17	.023	\$ 23713.97	\$	21.66
CO HOSPITAL INPATIENT TOTAL	2	89		94,184.00	1058.25	.020	47092.00		21.50
HSC HOSPITALS	2	89		94,184.00	1058.25	.020	47092.00		21.50
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	12		671.88	55.99	.003	335.94		.15
MEDICAL	2	2		29.19	14.60	.000	14.60		.01
SURGERY	1	2		400.76	200.38	.000	400.76		.09
PATHOLOGY	0	0		9.66	.00	.000	.00		.00
RADIOLOGY	0	0		8.70	.00	.000	.00		.00
ROOM USE	2	4		196.04	49.01	.001	98.02		.04
CROSSOVERS/ALL OTH OUTPTNT	1	4		27.53	6.88	.001	27.53		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU I	DEC 2002	PI	AGE 9,223
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	- DISABLED 64	6G 6H 6U 6V 6X	8G			
						MO	ONTHLY AVERA	GE -	
4,380 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			(COST PER
		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	438	3,624	\$	1,031,703.36	\$ 284.69		\$ 2355.49	\$	235.55
COMM HOSP INPATIENT TOTAL	101	907		953,618.52	1051.40	.207	9441.77		217.72
HSC HOSPITALS	54	565		638,993.00	1130.96	.129	11833.20		145.89

4,380 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	438	3,624 \$	1,031,703.36	\$ 284.69	.827	2355.49	\$ 235.55
COMM HOSP INPATIENT TOTAL	101	907	953,618.52	1051.40	.207	9441.77	217.72
HSC HOSPITALS	54	565	638,993.00	1130.96	.129	11833.20	145.89
NON-HSC HOSPITALS TOTAL	26	221	298,577.15	1351.03	.050	11483.74	68.17
ACCOMMODATIONS	26	221	120,277.74	544.24	.050	4626.07	27.46
ADMINISTRATIVE DAYS	7	82	18,490.85	225.50	.019	2641.55	4.22
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	139	101,786.89	732.28	.032	5357.20	23.24
ANCILLARIES	26	0	178,299.41	.00	.000	6857.67	40.71
INPATIENT CROSSOVERS	26	121	16,048.37	132.63	.028	617.25	3.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	365	2,717	78,084.84	28.74	.620	213.93	17.83
MEDICAL	55	78	3,425.02	43.91	.018	62.27	.78
SURGERY	25	28	927.31	33.12	.006	37.09	.21
PATHOLOGY	135	910	8,945.30	9.83	.208	66.26	2.04
RADIOLOGY	71	138	15,235.43	110.40	.032	214.58	3.48
ROOM USE	143	212	8,385.00	39.55	.048	58.64	1.91

CROSSOVERS/ALL OTH OUTPTNT	224	1,351		41,166.7	8	30.47	.308		183.78		9.40
@STATE HOSPITAL	0	0	\$,	0 \$.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	7	.0	-	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.0		.00	.000		.00		.00
@NURSING FACILITY	45	1,368	\$	176,578.4		129.08			3923.96	Ś	40.31
LEV A-INTERMEDIATE	45 10	371	7	33,015.9		88.99	.085	т	3301.60	т	7.54
LEV B-REHAB MD	3	79		9,553.4		120.93	.018		3184.49		2.18
LEV B-SUBACUTE FREESTANDING	0	0		.0		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	51		27,786.4		544.83	.012		13893.23		6.34
LEV B-TRANSITIONAL IP CARE	0	0		.01		.00	.000		.00		.00
LEV B-REGULAR	2 0 32	867		106,222.5		122.52	.198		3319.45		24.25
@INTERMEDIATE CARE FACILDD	2	31	\$			148.86			2307.29	Ś	1.05
ICF DDH	2	31	7	4,614.5		148.86	.007	т	2307.29	т	1.05
ICF DD	0	0		.0		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	54	388	\$	45,198.3		116.49	.089	Ś		Ś	10.32
HOSPITAL BASED	0	0	7	.01		.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	54	388		45,198.3		116.49	.089		837.01		10.32
@REHABILITATION FACILITY	1	2	\$	146.7		73.36	.000			Ś	.03
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	1	2	7	146.7		73.36	.000	7	146.72	-	.03
INDEPENDENT FACILITY	0	0		.01		.00	.000		.00		.00
@LABORATORY FACILITY	187	898	\$	11,833.1		13.18	.205	Ś		Ś	2.70
PATHOLOGY	185	896	7	11,828.2		13.20	.205	7	63.94	-	2.70
XO AND OTHERS	2.	2		4.9		2.49			2.49		.00
@ORGANIZED OUTPATIENT CLINIC	289	500	\$	78.204.7	6 \$	156.41	.114	Ś		Ś	
CLINIC	23	48	7	1,116.3	2	23.26	.011	7	48.54	-	.25
SURGICENTER	4	8		602.6		75.33	.002		150.66		.14
HEROIN DETOX CLINIC	0	0		.0		.00	.000		.00		.00
RURAL HEALTH CLINIC	265	444		76,485.8		172.27	.101		288.63		17.46
	MEDI-CAL SERVICE		JRES MO	•				DEC		P	AGE 9,224
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERV		NO SOC	- DISABLED 6	4 6G	6H 6U 6V 6X	8G				
							M	ONT	HLY AVERA	.GE	
4,380 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURE:	S A	VERAGE COST	UNITS/DAY	S	COST PER		COST PER
·		OR DAYS OF CAR			P	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	483	41,030	\$	149,603.4	0 \$	3.65	9.368	\$	309.74	\$	34.16
DURABLE MED. EQUIP.	57	183		40,360.8		220.55	.042		708.09		9.21
BLOOD BANK	2	20		306.0		15.30	.005		153.00		.07
HEARING AID DISPENSERS	1	2		1,490.0	8	745.04	.000		1490.08		.34
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	84	6,823		31,409.7	5	4.60	1.558		373.93		7.17
AMBULANCES/AIR TRANS	40	550		9,745.4		17.72	.126		243.64		2.22
OTHER TRANS	4 4	6,254		19,796.0		17.72 3.17	1.428		449.91		4.52
OTHER SERVICES	2	. 19		1,868.2		98.33	.004		934.14		.43
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PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

ACUPUNCTURE

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HOSPICE SERVICES	2	5		942.40	188.48	.001	471.20	.22
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	1,885		13,184.55	6.99	.430	239.72	3.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	164	31,318		17,864.16	.57	7.150	108.93	4.08
@CALIF. CHILDREN SERVICES*	40	1,309	\$	59,157.74	\$ 45.19	.299	\$ 1478.94	\$ 13.51
@XOVER EXCLUDING STATE HOSP**	563	7,366	\$	94,933.43	\$ 12.89	1.682	\$ 168.62	\$ 21.67
A* TOTALS IN THESE TIMES ARE CIVEN		TNEODMARTON	TUEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,225
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MOI	NTHLY AVERA	GE	
58,430 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@TOTAL, ALL PROVIDERS	24,509	138,731 \$	6,896,169.21	\$ 49.71	2.374	\$ 281.37	\$ 118	8.02
@PHYSICIANS SERVICES	11,716	27,456 \$	1,246,388.26	\$ 45.40	.470	\$ 106.38	\$ 21	1.33
OUTPATIENT VISITS	9,458	13,108	474,187.56	36.18	.224	50.14	8	8.12
OFFICE VISITS	6 , 833	8,891	277,514.53	31.21	.152	40.61	4	4.75
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2,148	2,474	110,718.40	44.75	.042	51.54	1	1.89
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65		.01
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.016	123.08	1	1.15
OTHER OUTPATIENT	700	796	18,417.08	23.14	.014	26.31		.32
INPATIENT VISITS	402	1,253	73,324.66	58.52	.021	182.40	1	1.25
HOSPITAL VISITS	388	1,079	50,621.21	46.91	.018	130.47		.87
CRITICAL CARE	30	174	22,703.45	130.48	.003	756.78		.39
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	38	40	1,571.58	39.29	.001	41.36		.03

	2.0	2.2		1 514 04		4.11.0.4	0.01		F 0 4 0		0.0
EXAMINATIONS	30	32		1,514.84		47.34	.001		50.49		.03
SERVICES AND MATERIALS	8	8		56.74		7.09	.000		7.09		.00
INPATIENT HOSPITAL SURGERY	448	2,133		269,196.45		126.21	.037		600.88		4.61
PRINCIPAL SURGEON	304	372		218,799.99		588.17	.006		719.74		3.74
ASSISTANT SURGEON	57	58		9,901.60		170.72	.001		173.71		.17
ANESTHESIOLOGIST	178	1,703		40,494.86		23.78	.029		227.50		.69
OUTPATIENT SURGERY	928	2,012		146,996.86		73.06	.034		158.40		2.52
PRINCIPAL SURGEON	780	959		118,171.93		123.22	.016		151.50		2.02
ASSISTANT SURGEON	13	13		1,206.47		92.81	.000		92.81		.02
ANESTHESIOLOGIST	206	1,040		27,618.46		26.56	.018		134.07		.47
DIALYSIS	4	11		856.34		77.85	.000		214.09		.01
PATHOLOGY	1,279	1,713		25,713.44		15.01	.029		20.10		. 44
RADIOLOGY	2,125	3,427		150,830.50		44.01	.059		70.98		2.58
PSYCHIATRY	119	141		4,815.78		34.15	.002		40.47		.08
IMMUNIZATION AND INJECTION	356	969		39 , 780.78		41.05	.017		111.74		.68
OTHER SERVICES/ALL X-OVERS	936	2,649		59,114.31		22.32	.045		63.16		1.01
@PHARMACY	11,734	29,610	\$	1,575,585.84	\$	53.21	.507	\$	134.28	\$	26.97
PRESCRIPTION DRUGS	11,661	25,555		1,544,667.68		60.44	.437		132.46		26.44
SNF/ICF	10	60		2,024.31		33.74	.001		202.43		.03
OUTPATIENTS	11,656	25,495		1,542,643.37		60.51	.436		132.35		26.40
MEDICAL SUPPLIES	275	4,055		30,918.16		7.62	.069		112.43		.53
@DENTIST	3 , 595	15,552	\$	563,847.85	\$.266	\$	156.84	\$	9.65
VISITS - DIAGNOSTIC	2,496	9,987		153,239.48		15.34	.171		61.39		2.62
ORAL SURGERY	405	741		38,691.00		52.21	.013		95.53		.66
DRUGS	149	161		3,718.75		23.10	.003		24.96		.06
ANESTHESIA	17	17		1,500.00		88.24	.000		88.24		.03
PERIODONTICS	79	89		12,035.00		135.22	.002		152.34		.21
ENDODONTICS	298	509		81,104.25		159.34	.009		272.16		1.39
RESTORATIVE DENTISTRY	1,379	3,516		235,754.45		67.05	.060		170.96		4.03
PROSTHETICS	21	22		560.00		25.45	.000		26.67		.01
DENTURES, STAYPLATES	46	136		12,892.00		94.79	.002		280.26		.22
SPACE MAINTAINERS	25	30		4,300.93		143.36	.001		172.04		.07
MAXILLOFACIAL SERVICES	9	9		400.00		44.44	.000		44.44		.01
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	153	221		19,286.99		87.27	.004		126.06		.33
ALL OTHER SERVICES	37	113		225.00		1.99	.002		6.08		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		DEC M)EC		D.	AGE 9,226
MOP024	FEE-FOR-SERVICE/DE		IVES IV	ONIH-OF-FAIMENT RE	i r OR I	. FOR UAN 2	LUUZ INKU I		2002	71	01/17/03
PLACER COUNTY	SUMMARY OF SERVICE		OC-E7	TIC TIC TAC OC NC M.	5/ 50) 5 T 5W_5V	6 T				01/1//03
LIMCUK COONII	SUMMAKI OF SERVICE	S LOK MIN-NOS	OC-FA	TI OF SE SI SI SV S	J4 J5	, JU JW-31	UU				

						MONTHLY AVERAGE						
58,430 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER	
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@OPTOMETRIST	744	2,062	\$	49,063.58	\$	23.79	.035	\$	65.95	\$.84	
DIAGNOSTIC AND ANC. PROCED	566	572		26,480.06		46.29	.010		46.78		.45	
EYE APPLIANCES	515	1,457		21,742.82		14.92	.025		42.22		.37	
OTHER OPTOMETRIC SERVICES	22	33		840.70		25.48	.001		38.21		.01	
@CHIROPRACTOR	114	170	\$	2,838.22	\$	16.70	.003	\$	24.90	\$.05	
VISITS	114	170		2,838.22		16.70	.003		24.90		.05	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	48	90	\$	3,096.46	\$	34.41	.002	\$	64.51	\$.05	
MEDICINE/INJECTIONS	38	51		1,489.56		29.21	.001		39.20		.03	
SURGERY/ANES.	11	12		591.05		49.25	.000		53.73		.01	
RADIO./PATHOLOGY	7	7		115.91		16.56	.000		16.56		.00	
OTHER	12	20		899.94		45.00	.000		75.00		.02	
@HOME HEALTH AGENCY	65	7,421	\$	224,679.01	\$	30.28	.127	\$	3456.60	\$	3.85	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

NURSE MIDWIFE	8	24	\$	1,594.73	\$	66.45	.000	\$	199.34	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	40.32	\$	20.16	.000	\$	40.32	\$.00
@TOTAL HOSPITAL	4,320	17,805	\$	2,366,415.06	\$	132.91	.305	\$	547.78	\$	40.50
HOSP INPATIENT TOTAL	415	1,538		1,951,686.56		1268.98	.026		4702.86		33.40
HSC HOSPITALS	264	922		1,071,012.51		1161.62	.016		4056.87		18.33
NON-HSC HOSPITAL TOTAL	150	605		877,575.25		1450.54	.010		5850.50		15.02
ACCOMMODATIONS	150	605		343,858.37		568.36	.010		2292.39		5.88
ADMINISTRATIVE DAYS	3	15		3,118.06		207.87	.000		1039.35		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	148	590		340,740.31		577.53	.010		2302.30		5.83
ANCILLARIES	150	0		533,716.88		.00	.000		3558.11		9.13
INPATIENT CROSSOVERS	3	11		2,227.80		202.53	.000		742.60		.04
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
HOSP OUTPATIENT TOTAL	4,048	16,267		414,728.50		25.50	.278		102.45		7.10
MEDICAL	559	797		25,476.93		31.97	.014		45.58		.44
SURGERY	449	510		19,221.94		37.69	.009		42.81		.33
PATHOLOGY	1,433	5,606		57,995.07		10.35	.096		40.47		.99
RADIOLOGY	1,085	1,511		96,844.05		64.09	.026		89.26		1.66
ROOM USE	3,099	3,916		154,622.94		39.48	.067		49.89		2.65
CROSSOVERS/ALL OTH OUTPINT	1,626	3,927		60,567.57		15.42	.067		37.25		1.04
@COUNTY HOSPITAL TOTAL	17	92	\$	4,624.34	\$	50.26	.002	\$	272.02	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	92		4,624.34		50.26	.002		272.02		.08
MEDICAL	7	9		320.17		35.57	.000		45.74		.01
SURGERY	5	10		228.35		22.84	.000		45.67		.00
PATHOLOGY	9	28		733.26		26.19	.000		81.47		.01
RADIOLOGY	4	10		1,988.88		198.89	.000		497.22		.03
ROOM USE	9	20		885.66		44.28	.000		98.41		.02
CROSSOVERS/ALL OTH OUTPTNT	9	15		468.02		31.20	.000		52.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	GE 9,227
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

----- MONTHLY AVERAGE -----58,430 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,305 17,713 .303 \$ 548.62 \$ @COMMUNITY HOSPITAL TOTAL 2,361,790.72 \$ 133.34 40.42 1,538 1268.98 .026 COMM HOSP INPATIENT TOTAL 415 1,951,686.56 4702.86 33.40 HSC HOSPITALS 264 922 1,071,012.51 1161.62 .016 4056.87 18.33 NON-HSC HOSPITALS TOTAL 150 605 877,575.25 1450.54 5850.50 15.02 .010 150 605 5.88 ACCOMMODATIONS 343,858.37 568.36 .010 2292.39 3 15 3,118.06 207.87 1039.35 .05 ADMINISTRATIVE DAYS .000 0 .00 .00 0 .00 TRANSITIONAL IP CARE .000 .00 148 590 577.53 ALL OTHER ACCOM 340,740.31 .010 2302.30 5.83 .00 ANCILLARIES 150 0 533,716.88 .000 3558.11 9.13 INPATIENT CROSSOVERS 3 11 2,227.80 202.53 .000 742.60 .04 ALL OTHER INPATIENT 871.00 .00 .000 871.00 .01

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

PLACER COUNTY

COMM HOSP OUTPATIENT TOTAL	4,033	16 , 175		410,104.16		25.35	.277		101.69		7.02
MEDICAL	552	788		25 , 156.76		31.92	.013		45.57		.43
SURGERY	444	500		18,993.59		37.99	.009		42.78		.33
PATHOLOGY	1,425	5,578		57,261.81		10.27	.095		40.18		.98
RADIOLOGY	1,081	1,501		94,855.17		63.19	.026		87.75		1.62
ROOM USE	3,091	3,896		153,737.28		39.46	.067		49.74		2.63
CROSSOVERS/ALL OTH OUTPINT		3,912		60,099.55		15.36	.067		37.14		1.03
@STATE HOSPITAL	, 0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	Ś	304.50	\$.00	.000	Ś	304.50	Ś	.01
LEV A-INTERMEDIATE	0	0	-T	.00	4	.00	.000	т.	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		304.50		.00	.000		304.50		.01
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	Ś		Ś	.00
ICF DDH	0	0	Ψ	.00	Υ	.00	.000	Υ	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	137	\$	2,177.35	\$	15.89	.002	Ś		¢	.04
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	1	137		2,177.35		15.89	.002		2177.35		.04
@REHABILITATION FACILITY	Q	20	\$	1,114.69	\$	55.73	.002	Ċ		Ċ	.02
HOSPITAL BASED	Q	20	Y	1,114.69	Y	55.73	.000	Y	139.34	Y	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,393	7,117	\$	101,459.12	\$	14.26	.122	ċ	42.40	ċ	1.74
PATHOLOGY	2,393	7,117	Ą	101,459.12	Ą	14.26	.122	ې	42.40	۲	1.74
XO AND OTHERS	2 , 393	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,445	5 , 308	\$	596,681.06	\$	112.41	.091	Ċ	244.04	ċ	10.21
CLINIC CLINIC	2,443 678	2,358	Ş	67,467.46	ş	28.61	.040	Ą	99.51	Ą	1.15
SURGICENTER	68	2,336 441		13,900.23		31.52	.008		204.42		.24
	08	0		,		.00	.008		.00		.00
HEROIN DETOX CLINIC	1,718	•		.00 515,313.37		205.39	.043		299.95		8.82
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	•	2,509		OLD, SIS.S / IONTH-OF-PAYMENT R				DEC		Ъ	8.82 AGE 9,228
MOP024			KES M	IONTH-OF-PAIMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Ρ.	01/17/03
	FEE-FOR-SERVICE	,	00 83	M 24 20 2N 2m 2m	F 4 F 6)	C T				01/1//03
PLACER COUNTY	SUMMARY OF SERV	TICES FOR MN-NOSC	JC-FA	M 34 39 3N 3T 3V	54 55	9 SU SW-SY		ONTH.	III W 717007	CE	
58,430 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/ 7/ 7	ERAGE COST	M		COST PER		COST PER
J0,430 ELIGIBLES	USERS			EXPENDITORES		R UNIT/DAY			USER		
ANII OHUED DDONIDEDC	1,926	OR DAYS OF CAR	± S	160 000 16		6.20	.444		83.53		ELIGIBLE 2.75
@ALL OTHER PROVIDERS	1,926 140	25,957 316	P	160,883.16	\$	56.24	.444	Ş	126.95	Ą	2.75
DURABLE MED. EQUIP.	140	316		17,772.58		.00	.005		.00		
BLOOD BANK	U	U		38.00		.00	.000		.00		.00

.00

38,369.87

28,956.27

1,757.51

7,656.09

4,458.18

13,005.00

11,674.92

4,481.91

43.25

918.90

.00

.00

12.51

13.59

1.93

332.87

21.63

66.54

85.56

.00

9.52

12.18

153.15

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.036

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.021

.006

HEARING AID DISPENSERS

MEDICAL TRANSPORTATION

OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

177

167

9

5

6

2

0

558

28

151

3,066

2,131

912

23

2

67

0

152

1,227

368

.00

216.78

173.39

195.28

1531.22

43.25

86.13

20.92

160.07

.00

459.45

743.03

.00

.66

.50

.03

.13

.00

.08

.22

.02

.00

.20

.08

PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	52	76	6,520.20		85.79	.001	125.39	.11
PROSTHETICS	50	74	6,380.56		86.22	.001	127.61	.11
ORTHOTICS	2	2	139.64		69.82	.000	69.82	.00
PSYCHOLOGIST	1	5	69.80		13.96	.000	69.80	.00
SPEECH AND AUDIOLOGY	74	140	25,353.06		181.09	.002	342.61	.43
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,007.23	1	007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	748	2,737	25,727.36		9.40	.047	34.39	.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	40	17 , 794	11,442.90		.64	.305	286.07	.20
@CALIF. CHILDREN SERVICES*	288	6,222	\$ 486,229.80	\$	78.15	.106	\$ 1688.30	\$ 8.32
@XOVER EXCLUDING STATE HOSP**	80	528	\$ 8,899.85	\$	16.86	.009	\$ 111.25	\$.15

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,229
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

FLACER COUNTI	SUMMARI OF SER	VICES FOR ZO MEDICALI	II NEEDI - NO SOC				
							GE
67,106 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30,916	295 , 167 \$	11,651,803.66	\$ 39.48	4.399 \$		
@PHYSICIANS SERVICES	13,212	33 , 880 \$	1,498,480.36	\$ 44.23	.505 \$	113.42	\$ 22.33
OUTPATIENT VISITS	9,972	13,870	503,646.92	36.31	.207	50.51	7.51
OFFICE VISITS	7,229	9,474	296,884.55	31.34	.141	41.07	4.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,265	2,610	119,528.49	45.80	.039	52.77	1.78
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65	.00
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.014	123.08	1.00
OTHER OUTPATIENT	740	839	19,696.33	23.48	.013	26.62	.29
INPATIENT VISITS	524	2,223	113,767.04	51.18	.033	217.11	1.70
HOSPITAL VISITS	505	1,963	83,545.37	42.56	.029	165.44	1.24
CRITICAL CARE	43	246	29,760.55	120.98	.004	692.11	.44
SNF/ICF/TRANS IP CARE	6	14	461.12	32.94	.000	76.85	.01
OPHTHALMOLOGICAL SERVICES	59	64	2,504.42	39.13	.001	42.45	.04
EXAMINATIONS	51	56	2,447.68	43.71	.001	47.99	.04
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	522	2,594	320,584.99	123.59	.039	614.15	4.78
PRINCIPAL SURGEON	357	473	259,720.78	549.09	.007	727.51	3.87
ASSISTANT SURGEON	68	69	12,343.14	178.89	.001	181.52	.18
ANESTHESIOLOGIST	208	2,052	48,521.07	23.65	.031	233.27	.72
OUTPATIENT SURGERY	1,007	2,182	167,275.06	76.66	.033	166.11	2.49
PRINCIPAL SURGEON	847	1,040	135,734.94	130.51	.015	160.25	2.02
ASSISTANT SURGEON	14	14	1,391.88	99.42	.000	99.42	.02
ANESTHESIOLOGIST	225	1,128	30,148.24	26.73	.017	133.99	.45
DIALYSIS	12	71	3,182.92	44.83	.001	265.24	.05
PATHOLOGY	1,354	1,954	31,607.14	16.18	.029	23.34	.47
RADIOLOGY	2,416	4,396	198,057.13	45.05	.066	81.98	2.95
PSYCHIATRY	127	149	5,086.52	34.14	.002	40.05	.08
IMMUNIZATION AND INJECTION	400	1,530	48,361.80	31.61	.023	120.90	.72
OTHER SERVICES/ALL X-OVERS	1,818	4,847	104,406.42	21.54	.072	57.43	1.56
@PHARMACY	16,999	91,254 \$	3,227,007.62	\$ 35.36	1.360 \$	189.84	\$ 48.09
PRESCRIPTION DRUGS	16,867	47,869	3,163,020.98	66.08	.713	187.53	47.13

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	226	1 , 725		78 , 264.82		45.37	.026		346.30		1.17
OUTPATIENTS	16,688	46,144		3,084,756.16		66.85	.688		184.85		45.97
MEDICAL SUPPLIES	599	43,385		63,986.64		1.47	.647		106.82		.95
@DENTIST	4,202	18,183	\$	691,642.50	\$	38.04	.271	\$	164.60	\$	10.31
VISITS - DIAGNOSTIC	2,891	11,454		174,302.38		15.22	.171		60.29		2.60
ORAL SURGERY	484	1,000		50,834.50		50.83	.015		105.03		.76
DRUGS	154	166		3,808.75		22.94	.002		24.73		.06
ANESTHESIA	20	21		1,900.00		90.48	.000		95.00		.03
PERIODONTICS	96	106		14,825.00		139.86	.002		154.43		.22
ENDODONTICS	345	577		96,683.25		167.56	.009		280.24		1.44
RESTORATIVE DENTISTRY	1,592	3,990		283,657.70		71.09	.059		178.18		4.23
PROSTHETICS	27	29		740.00		25.52	.000		27.41		.01
DENTURES, STAYPLATES	133	447		40,463.00		90.52	.007		304.23		.60
SPACE MAINTAINERS	25	30		4,300.93		143.36	.000		172.04		.06
MAXILLOFACIAL SERVICES	9	9		400.00		44.44	.000		44.44		.01
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	153	221		19,286.99		87.27	.003		126.06		.29
ALL OTHER SERVICES	53	132		300.00		2.27	.002		5.66		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	IS M	MONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU D	EC	2002	P	AGE 9,230
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDIC	CALI	Y NEEDY - NO SOC							
							MC	NTI	HLY AVERA	GΕ	
67,106 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	; (COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	902	2,476	\$	58,200.81	\$	23.51	.037	\$	64.52	\$.87
DIAGNOSTIC AND ANC. PROCED	624	630		29,141.07		46.26	.009		46.70		.43
EYE APPLIANCES	626	1,760		27,107.97		15.40	.026		43.30		.40
OTHER OPTOMETRIC SERVICES	58	86		1,951.77		22.70	.001		33.65		.03
@CHIROPRACTOR	138	210	\$	3,471.75	\$	16.53	.003	\$	25.16	\$.05
VISITS	134	204		3,406.70		16.70	.003		25.42		.05
OTHER SERVICES	4	6		65.05		10.84	.000		16.26		.00
@PODIATRIST	100	200	\$	4,473.06	\$	22.37	.003	\$	44.73	\$.07

MEDICINE/INJECTIONS	44	59		1,655.56		28.06	.001		37.63		.02
SURGERY/ANES.	12	13		624.56		48.04	.000		52.05		.01
RADIO./PATHOLOGY	8	8		133.21		16.65	.000		16.65		.00
OTHER	58	120		2,059.73		17.16	.002		35.51		.03
@HOME HEALTH AGENCY	124	17,922 \$:	541,915.84	\$	30.24				\$	8.08
NURSE ANESTHESIST	1	4 \$		14.67	\$	3.67	.000		14.67		.00
NURSE MIDWIFE	8	24 \$		1,594.73	\$	66.45	.000			\$.02
		·									
PEDIATRIC NURSE PRACTITIONER	-	0 \$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	1	2 \$		40.32	\$	20.16	.000		40.32		.00
@TOTAL HOSPITAL	4,911	22,431 \$	i	3,555,688.13	Ş	158.52	.334			Ş	52.99
HOSP INPATIENT TOTAL	537	2,607		3,040,328.70		1166.22	.039		5661.69		45.31
HSC HOSPITALS	327	1,606		1,837,254.51		1143.99	.024		5618.52		27.38
NON-HSC HOSPITAL TOTAL	176	826		1,176,131.35		1423.89	.012		6682.56		17.53
ACCOMMODATIONS	176	826		464,115.06		561.88	.012		2637.02		6.92
ADMINISTRATIVE DAYS	10	97		21,587.86		222.56	.001		2158.79		.32
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	167	729		442,527.20		607.03	.011		2649.86		6.59
ANCILLARIES	176	0		712,016.29		.00	.000		4045.55		10.61
INPATIENT CROSSOVERS	41	175		26,071.84		148.98	.003		635.90		.39
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
HOSP OUTPATIENT TOTAL	4,548	19,824		515,359.43		26.00	.295		113.32		7.68
MEDICAL	627	891		29,443.39		33.05	.013		46.96		.44
SURGERY	484	549		21,500.17		39.16	.008		44.42		.32
PATHOLOGY	1,583	6 , 584		67,701.63		10.28	.098		42.77		1.01
RADIOLOGY	1,167	1,670		114,017.90		68.27	.025		97.70		1.70
ROOM USE	3,265	4,157		164,765.04		39.64	.062		50.46		2.46
CROSSOVERS/ALL OTH OUTPTNT		•		117,931.30		19.74	.089		60.38		1.76
@COUNTY HOSPITAL TOTAL	1,933 22	5 , 973			~				4524.32	ċ	1.48
-		196 \$	1	99,534.93	Þ	507.83				Þ	
CO HOSPITAL INPATIENT TOTAL		89		94,184.00		1058.25	.001		47092.00		1.40
HSC HOSPITALS	2	89		94,184.00		1058.25	.001		47092.00		1.40
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	20	107		5 , 350.93		50.01	.002		267.55		.08
MEDICAL	10	12		359.61		29.97	.000		35.96		.01
SURGERY	6	12		629.11		52.43	.000		104.85		.01
PATHOLOGY	9	28		742.92		26.53	.000		82.55		.01
RADIOLOGY	5	11		2,016.06		183.28	.000		403.21		.03
ROOM USE	12	25		1,107.09		44.28	.000		92.26		.02
CROSSOVERS/ALL OTH OUTPTNT	10	19		496.14		26.11	.000		49.61		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MON		EPOR					Ρį	AGE 9,231
MOP024	FEE-FOR-SERVICE						2002 211110		0 2002		01/17/03
PLACER COUNTY		ICES FOR 28 MEDICA	T.T.Y	NEEDY - NO SOC							01/1//00
THIGH GOOMIT	SOLITIME OF SERV	1010 1010 20 1111101011		NEEDI NO DOO				MON	THLY AVERA	GE .	
67,106 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7	ERAGE COSI					COST PER
01,100 5010100	CAECO	OR DAYS OF CARE		TALTINDITONES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,891	22,235 \$:	3,456,153.20		155.44	.331				51.50
	·	2,518	,		۲	1170.03	.038		5506.81	4	43.90
COMM HOSP INPATIENT TOTAL	535	•		2,946,144.70							
HSC HOSPITALS	325 176	1,517		1,743,070.51		1149.02	.023		5363.29		25.97
NON-HSC HOSPITALS TOTAL	176	826		1,176,131.35		1423.89	.012		6682.56		17.53

826

176

ACCOMMODATIONS

464,115.06

561.88

.012

2637.02

	1.0	0.5		01 505 06		000 56	0.01		0150 50		2.0
ADMINISTRATIVE DAYS	10	97		21,587.86		222.56	.001		2158.79		.32
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	167	729		442,527.20		607.03	.011		2649.86		6.59
ANCILLARIES	176	0		712,016.29		.00	.000		4045.55		10.61
INPATIENT CROSSOVERS	41	175		26,071.84		148.98	.003		635.90		.39
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
COMM HOSP OUTPATIENT TOTAL	4,530	19,717		510,008.50		25.87	.294		112.58		7.60
MEDICAL	617	879		29,083.78		33.09	.013		47.14		.43
SURGERY	478	537		20,871.06		38.87	.008		43.66		.31
PATHOLOGY	1,575	6 , 556		66,958.71		10.21	.098		42.51		1.00
RADIOLOGY	1,162	1,659		112,001.84		67.51	.025		96.39		1.67
ROOM USE	3,254	4,132		163,657.95		39.61	.062		50.29		2.44
		•		•							
CROSSOVERS/ALL OTH OUTPTNT	•	5,954	<u> </u>	117,435.16	<u> </u>	19.72	.089	<u> </u>	60.41	<u>^</u>	1.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	193	5 , 152	\$	719,574.43	\$	139.67		\$	3728.36	\$	10.72
LEV A-INTERMEDIATE	24	804		65 , 724.46		81.75	.012		2738.52		.98
LEV B-REHAB MD	4	84		10,158.12		120.93	.001		2539.53		.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	8	292		153,217.07		524.72	.004		19152.13		2.28
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	163	3,972		490,474.78		123.48	.059		3009.05		7.31
@INTERMEDIATE CARE FACILDD	2	31	\$	4,614.57	\$	148.86		Ś	2307.29	Ś	.07
-		31	Υ	4,614.57	Y	148.86	.000	٧	2307.29	7	.07
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
ICE DDI/DDCN	0	0		.00		.00	.000		.00		.00
CHEMODIAL VOIC HOMAI	73		Ċ		Ċ			Ċ		<u>~</u>	
GHEMODIALISIS TOTAL	0	775	\$	75,309.82	\$	97.17	.012	Þ	1031.64	Þ	1.12
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	73	775		75,309.82	_	97.17	.012	_	1031.64	_	1.12
@REHABILITATION FACILITY	9	22	\$	1,261.41	\$	57.34		Ş	140.16	Ş	.02
HOSPITAL BASED	9	22		1,261.41		57.34	.000		140.16		.02
INDEPENDENT FACILITY	U	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2 , 656	8,328	\$	116,744.49	\$	14.02	.124	\$	43.96	\$	1.74
PATHOLOGY	2 , 653	8 , 325		116,737.02		14.02	.124		44.00		1.74
XO AND OTHERS	3	3		7.47		2.49	.000		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	2,849	5 , 992	\$	698,518.82	\$	116.58	.089	\$	245.18	\$	10.41
CLINIC	708	2,421		68,960.10		28.48	.036		97.40		1.03
SURGICENTER	78	472		15,938.34		33.77	.007		204.34		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,085	3,099		613,620.38		198.01	.046		294.30		9.14
#CALIF DEPT OF HEALTH SERV			IRES I	MONTH-OF-PAYMENT R	E.PORT			DEC		P	AGE 9,232
MOP024	FEE-FOR-SERVICE			MONTH OF TATMENT IN	.110111	I FOR OAN	2002 11110	טטכ	2002	1.7	01/17/03
PLACER COUNTY			TCNT.	LY NEEDY - NO SOC							01/1//03
FLACER COUNTY	SOMMANI OF SERV	VICES FOR 20 MEL	JI CALI.	EI NEEDI NO SOC			M		UIV AUPDA	CF.	
67,106 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/17/2	DACE COCE	UNITS/DAY				COST PER
07,100 ELIGIBLES	OSEKS	OR DAYS OF CAR		EXPENDITORES			PER ELIG				
CALL OWNED DROUTDERS	2.760			452 250 22					USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,760	88,281	\$	453,250.33	\$	5.13	1.316	Ş	164.22	Ş	6.75
DURABLE MED. EQUIP.	218	628		66,000.15		105.10	.009		302.75		.98
BLOOD BANK	2	20		344.00		17.20	.000		172.00		.01
HEARING AID DISPENSERS	4	9		3,572.01		396.89	.000		893.00		.05
MEDICAL TRANSPORTATION	319	12,400		80,571.34		6.50	.185		252.57		1.20
AMBULANCES/AIR TRANS	209	2,688		38,913.62		14.48	.040		186.19		.58
OTHER TRANS	97	9,577		31,015.84		3.24	.143		319.75		.46
OTHER SERVICES	20	135		10,641.88		78.83	.002		532.09		.16
ACUPUNCTURE	1	2		43.25		21.63	.000		43.25		.00

ADULT DAY HEALTH CARE CTR	128	1 , 955	130,130.74	66.56	.029	1016.65	1.94
GENETIC DISEASE TESTING	151	152	13,005.00	85.56	.002	86.13	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	30	100	7,205.41	72.05	.001	240.18	.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	711	1,583	16,220.42	10.25	.024	22.81	.24
PHYSICAL THERAPIST	28	368	4,481.91	12.18	.005	160.07	.07
PORTABLE X-RAY	1	2	1.30	.65	.000	1.30	.00
PROSTHETIST/ORTHOTISTS	69	125	13,223.05	105.78	.002	191.64	.20
PROSTHETICS	65	120	12,947.31	107.89	.002	199.19	.19
ORTHOTICS	4	5	275.74	55.15	.000	68.94	.00
PSYCHOLOGIST	1	5	69.80	13.96	.000	69.80	.00
SPEECH AND AUDIOLOGY	106	196	32 , 913.76	167.93	.003	310.51	.49
HOSPICE SERVICES	4	62	7,057.36	113.83	.001	1764.34	.11
NONINST BIRTHING CENTERS	1	1	1,007.23	1007.23	.000	1007.23	.02
LOCAL EDUCATION AGENCIES	803	4,622	38 , 911.91	8.42	.069	48.46	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	307	66,051	38,491.69	.58	.984	125.38	.57
@CALIF. CHILDREN SERVICES*	328	7,531	\$ 545,387.54	\$ 72.42	.112	\$ 1662.77	\$ 8.13
@XOVER EXCLUDING STATE HOSP**	1,169	10,096	\$ 179,868.78	\$ 17.82	.150	\$ 153.87	\$ 2.68

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,233
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----171 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 53.234 \$ 1105.96 \$ 1778.59 @TOTAL, ALL PROVIDERS 275 9,103 304,139.35 33.41 31 104 13.94 46.76 \$ @PHYSICIANS SERVICES 1,449.43 \$.608 \$ 8.48 2 OUTPATIENT VISITS 4 96.00 24.00 .023 48.00 . 56 96.00 24.00 48.00 OFFICE VISITS .023 .00 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 PREVENTIVE CARE .000 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 . 00 .00 .00 .000 EXAMINATIONS .00 .00 .00 .000 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY 346.14 173.07 69.23 .029 2.02 186.15 186.15 186.15 PRINCIPAL SURGEON .006 1.09 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 159.99 40.00 .023 159.99 .94 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	1		28.88	28.88	.006		28.88		.17
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	27	94		978.41	10.41	.550		36.24		5.72
@PHARMACY	155	813	\$	54,850.81	\$ 67.47	4.754	\$	353.88	\$	320.76
PRESCRIPTION DRUGS	151	802		54,382.15	67.81	4.690		360.15		318.02
SNF/ICF	68	357		12,441.69	34.85	2.088		182.97		72.76
OUTPATIENTS	86	445		41,940.46	94.25	2.602		487.68		245.27
MEDICAL SUPPLIES	5	11		468.66	42.61	.064		93.73		2.74
@DENTIST	33	101	\$	2,905.00	\$ 28.76	.591	\$	88.03	\$	16.99
VISITS - DIAGNOSTIC	19	53		227.00	4.28	.310		11.95		1.33
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	1	1		.00	.00	.006		.00		.00
ENDODONTICS	3	7		430.00	61.43	.041		143.33		2.51
RESTORATIVE DENTISTRY	11	29		1,518.00	52.34	.170		138.00		8.88
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	7	9		730.00	81.11	.053		104.29		4.27
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	2	2		.00	.00	.012		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH	H-OF-PAYMENT REF	PORT FOR JA	N 2002 THRU	DEC	2002	PA	AGE 9,234
MOP024	FEE-FOR-SERVICE/DENTA	.L								01/17/03

AID CODE

----- MONTHLY AVERAGE -----171 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 3 17.70 53.11 \$ 53.11 .018 \$.31 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 3 53.11 17.70 .018 53.11 .31 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .000 .00 0 .00 .00 .00 VISITS .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST 73.37 14.67 .029 \$ 14.67 \$.43 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER 73.37 14.67 .029 14.67 .43 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 103 2,930.29 28.45 .602 \$ 183.14 17.14 HOSP INPATIENT TOTAL 11 1,808.78 164.43 602.93 10.58 .064 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

PLACER COUNTY

ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	
SURGERY 0 0 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00	
PARTOLOGY 0 0 6.76 00 000 00 04	
RADIOLOGY 0 0 6.76 .00 .000 .00 .04	
ROOM USE 0 0 .00 .00 .00 .00 .00 .00	
CROSSOVERS/ALL OTH OUTPTNT 13 92 1,114.75 12.12 .538 85.75 6.52	
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00	
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00	
MEDICAL 0 0 .00 .00 .00 .00 .00 .00	
SURGERY 0 0 .00 .00 .00 .00 .00 .00	
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	
ROOM USE 0 0 .00 .00 .00 .00 .00 .00 .00	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,2	
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/	03
PLACER COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE	
MONTHLY AVERAGE	
171 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	

		OR DAYS OF CARE	2		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	103	\$	2,930.29	\$	28.45	.602	\$	183.14	\$	17.14
COMM HOSP INPATIENT TOTAL	3	11		1,808.78		164.43	.064		602.93		10.58
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	11		1,808.78		164.43	.064		602.93		10.58
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	92		1,121.51		12.19	.538		86.27		6.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		6.76		.00	.000		.00		.04
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	13	92		1,114.75		12.12	.538		85.75		6.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	68	1,974	\$	209,000.20	\$	105.88	11.544	\$	3073.53	\$	1222.22
LEV A-INTERMEDIATE	1	17		1,124.72		66.16	.099		1124.72		6.58
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	67	1,957		207,875.48		106.22	11.444		3102.62		1215.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	14	\$	5,197.07	\$	371.22	.082	\$	866.18	\$	30.39
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	14		5,197.07		371.22	.082		866.18		30.39
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	2	6	\$	55.90	\$	9.32	.035	\$	27.95	\$.33
PATHOLOGY	2	6		55.90		9.32	.035		27.95		.33
XO AND OTHERS	U	0 11	ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	5	0	\$	711.33	\$	64.67	.064	\$	142.27	\$	4.16
CLINIC	0	6		.00		.00	.000				.00
SURGICENTER	0	0		231.21		38.54	.035		231.21		1.35
HEROIN DETOX CLINIC	•	0 5		.00		.00			.00		.00
RURAL HEALTH CLINIC	4	ces and expenditur	DEC MC			96.02					2.81
			KES MC	DNTH-OF-PAIMENT RI	EPOR.	I FOR JAN 2	2002 THRU	DEC	, 2002	F	01/17/03
MOP024 PLACER COUNTY	FEE-FOR-SERVICE	JICES FOR 29 MN -	202	ACED		AID CO)DE				01/1//03
PLACER COUNTY	SUMMARI OF SERV	VICES FOR 29 MIN -	- 500	- AGED		AID CC	םענ בער –––– M		מסשוזה עדטי	CE	
171 ELIGIBLES	USERS	IINTTO OF SEPVICE	,	EXPENDITURES	Z\ 7.71	TRACE COST					
TIT DUIGIDUDS	OSEIVS	OR DAYS OF CARE		EVI EMPTIONES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	58	5,969		26,912.84					464.01		
DURABLE MED. EQUIP.	2	11	۲	•	Ą		.064			7	.60
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DHOOD DIMIT	O	Ŭ		.00		• • • •	.000		.00		• • • •

HEARING AID DISPENSERS	2	5		2,303.40	460.68	.029	1151.70	13.47	
MEDICAL TRANSPORTATION	8	241		1,231.29	5.11	1.409	153.91	7.20	
AMBULANCES/AIR TRANS	1	6		124.91	20.82	.035	124.91	.73	
OTHER TRANS	6	230		1,060.06	4.61	1.345	176.68	6.20	
OTHER SERVICES	1	5		46.32	9.26	.029	46.32	.27	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	25	256		16,850.57	65.82	1.497	674.02	98.54	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	4	12		121.20	10.10	.070	30.30	.71	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	1		778.27	778.27	.006	778.27	4.55	
HOSPICE SERVICES	2	37		3,969.36	107.28	.216	1984.68	23.21	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	15	5,406		1,556.25	.29	31.614	103.75	9.10	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	61	222	\$	12,578.32	\$ 56.66	1.298	\$ 206.20	\$ 73.56	
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION IT	TEM ONLY;	;					
THE AMOUNTS ARE ALREADY INCLUDE:	D IN THE APPRO	PRIATE DETAIL I	LINES ABO	OVE.					
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE D	ETAIL LINES ABO	OVE.						

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,237 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

						MC	ONTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3		7	\$ 68.35	\$ 9.76	.000	\$ 22.78	\$.00
@PHYSICIANS SERVICES	1		1	\$ 68.35	\$ 68.35	.000	\$ 68.35	\$.00
OUTPATIENT VISITS	1		1	68.35	68.35	.000	68.35	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1		1	68.35	68.35	.000	68.35	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	ċ	.00	\$.00
@PHARMACY	0		Ą		Ą			\$		ې	
PRESCRIPTION DRUGS	Ü	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	6	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1	т	.00	т	.00	.000	т	.00	Τ	.00
	1	2									
ORAL SURGERY	۷ .			.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	O	O		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Λ	0		.00		.00	.000		.00		.00
IIIIOIONED, DIBEOGNITONE	U	O .		. 0 0		• 0 0	. 0 0 0		. 0 0		
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	•		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 1 MEDI-CAL SERVICE	2	ES MON	.00	r P∩R Tr	.00	.000	DEC	.00	DΣ	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 1 MEDI-CAL SERVICE	2 S AND EXPENDITURI	ES MON	.00	EPORT	.00	.000	DEC	.00	PA	.00 .00 GE 9,238
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	2 S AND EXPENDITURI DENTAL		.00 .00 TH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 :002 THRU	DEC	.00	PA	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		2 S AND EXPENDITURI DENTAL		.00 .00 TH-OF-PAYMENT RE	EPORT	.00	.000 .000 :002 THRU		.00 .00 2002		.00 .00 GE 9,238
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	2 S AND EXPENDITURI DENTAL CES FOR 30 MN -		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI	.00 .00 2002 HLY AVERA	GE -	.00 .00 GE 9,238 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/ SUMMARY OF SERVI	2 S AND EXPENDITURI DENTAL		.00 .00 TH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2 AID CC	.000 .000 002 THRU	ONTI	.00 .00 2002 HLY AVERAGE COST PER	GE - C	.00 .00 GE 9,238 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	2 S AND EXPENDITURI DENTAL CES FOR 30 MN -		.00 .00 TH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI S (.00 .00 2002 HLY AVERA	GE - C	.00 .00 GE 9,238 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	2 S AND EXPENDITURI DENTAL CES FOR 30 MN - UNITS OF SERVICE		.00 .00 TH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2 AID CC	.000 .000 THRU DDE M UNITS/DAY	ONTI S (.00 .00 2002 HLY AVERAGE COST PER	GE - C	.00 .00 GE 9,238 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	2 S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00	.000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00	GE - C E	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	2 S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	2 S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE:	.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (\$.00 .00 2002 HLY AVERAL COST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0	S AND EXPENDITURED DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (\$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTI S (\$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S (\$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	GECE \$ \$ \$.	.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00	GE CE \$ \$ \$ \$.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - CE - S S S S S S S S S S S S S S S S S S	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CE \$ \$ \$ \$.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - CE - S S S S S S S S S S S S S S S S S S	.00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE: PER \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S \$ \$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - CE	.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURING DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 THRU	ONTE	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .0002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE	.00 .00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S AND EXPENDITURIDENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc -	.00 .00 TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$.00 .00 FOR JAN 2 AID CC RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 THRU	ONTE	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 GE 9,238 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 \$					
@COUNTY HOSPITAL TOTAL	0	0 \$ 0	.00		.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	· ·	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	C 2002	PAGE 9,239
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 30 MN - SOC -	BLIND	AID CO	DE		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					.00
ROOM USE	U	U	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITUR	RES MONTH-OF-	-PAYMENT RE	PORT :	FOR JAN 2002	2 THRU	DEC 20	002	PAGE	9,240
MOP024	FEE-FOR-SERVICE/DENTAL									01	1/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLINI			AID CODE					

				MON	ITHLY AVERAGI	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DAYS	COST PER	COST PER

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,241
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MC	NTHLY AVERA	GE
301 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	441	9,628	\$	939,812.69	\$ 97.61	31.987	\$ 2131.09	\$ 3122.30
@PHYSICIANS SERVICES	177	3 , 993	\$	62,846.87	\$ 15.74	13.266	\$ 355.07	\$ 208.79
OUTPATIENT VISITS	49	73		2,977.79	40.79	.243	60.77	9.89
OFFICE VISITS	34	49		1,303.14	26.59	.163	38.33	4.33
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	18	22		1,640.97	74.59	.073	91.17	5.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	2		33.68	16.84	.007	33.68	.11
INPATIENT VISITS	35	291		14,185.22	48.75	.967	405.29	47.13
HOSPITAL VISITS	33	250		9,546.96	38.19	.831	289.30	31.72
CRITICAL CARE	5	35		4,360.98	124.60	.116	872.20	14.49
SNF/ICF/TRANS IP CARE	5	6		277.28	46.21	.020	55.46	.92
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	4	5		1,267.10		253.42	.017		316.78		4.21
ANESTHESIOLOGIST	14	147		1,267.10 3,432.42 5,521.79 4,276.54 116.16 1,129.09 695.82 1,472.00		233.42	.488		245.17		11.40
OUTPATIENT SURGERY	16	78		5,432.42		20.33	.259		345.11		18.34
				5,521.79		70.79	.259				
PRINCIPAL SURGEON	12	17		4,2/6.54		251.56	.056		356.38		14.21
ASSISTANT SURGEON	1_	1		116.16		116.16	.003		116.16		.39
ANESTHESIOLOGIST	5	60		1,129.09		18.82	.199		225.82		3.75
DIALYSIS	3	13		695.82		53.52	.043		231.94		2.31
PATHOLOGY	19 40	37		1,472.00		39.78	.123		77.47		4.89
RADIOLOGY	40	195		10,972.71		56.27	.648		231.94 77.47 274.32		36.45
PSYCHIATRY	0	0		6.90		.00	.000		.00		.02
IMMUNIZATION AND INJECTION	3	14		77.18		5.51	.047		25.73		.26
OTHER SERVICES/ALL X-OVERS	96	3,084		7,021.15		2.28	10.246		73.14		23.33
@PHARMACY	96 233 230 18 213 14	1,452	\$	225,172.77	Ś	155.08	4.824	Ś		Ś	
PRESCRIPTION DRUGS	230	1,417	т.	223.081 46	-T	157 43	4 708	т.	969 92	4	741.13
SNF/ICF	18	245		22,558.68		92 08	814		969.92 1253.26		74.95
OUTPATIENTS	213	1,172		200 522 78		171 00	3 801		941.42		666.19
MEDICAL CURRITEC	213	35		2,091.31		50.75	116		149.38		6.95
MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC	14 37		\$	2,091.31	Ċ	11 (1	.110	ċ		ċ	
@DENTIST	3 /	155	Ş	0,434.00	Ą	41.04	.313	Ş	174.43	Ş	
VISITS - DIAGNOSTIC	25	68		497.00		/.31	.226		19.88 93.25		1.65
ORAL SURGERY	4	17		225,172.77 223,081.46 22,558.68 200,522.78 2,091.31 6,454.00 497.00 373.00		21.94	.056		93.25		1.24
DRUGS	4 1 0	1					.003		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	7		400.00		57.14	.023		200.00		1.33
ENDODONTICS	2	0 7 6 49 0 1		990.00		57.14 165.00 76.41	.020		.00 .00 .00 200.00 495.00 234.00 .00 450.00		3.29
RESTORATIVE DENTISTRY	2 16	4 9		3,744.00		76.41	.163		234.00		12.44
PROSTHETICS	0 1 0 0 0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1 0 0		450.00		450.00	.003		450.00		1.50
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	6		.00		.00	.020		.00		.00
#CALIF DEPT OF HEALTH SERV			יבכ ו		Z D O D T					D	
MOP024	FEE-FOR-SERVICE		\LJ .	MONIII OF FAIMENT NE	ir Olvi	. FOR UAN .	2002 11110 1	ی ندر	2002	Ε.	01/17/03
PLACER COUNTY			0.0	C - DISABLED Al	TD CC	DEC 65 67	G TaT				01/1//03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	- 50	C = DISABLED A	ID CC	DES 03 07		`NTI	III V ATZEDA	C E	
201 BLIGTBIEG	Habba	INITES OF SERVICE	,		7. 7. 7. 7.	D 7 C D C C C C C C C C C C C C C C C C	MO				
301 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
0.0000000000000000000000000000000000000		OR DAYS OF CARE		0.74 0.1			PER ELIG				ELIGIBLE
@OPTOMETRIST	7	17	Ş		Ş	16.17			39.27	Ş	
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.003				.16
EYE APPLIANCES	6	14		224.00		16.00	.047		37.33		.74
OTHER OPTOMETRIC SERVICES	1	2		3.46		1.73	.007		3.46		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0 0 0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	59	\$			9.51	.196	\$	37.39		1.86
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1.5	59		560.92		9.51	.196		37.39		1.86
@HOME HEALTH AGENCY	0 15 12	179	\$	13,148.26	\$			Ś	1095.69		43.68
NURSE ANESTHESIST	0	1,0	Ś	.00		.00			.00		.00
1111111111111111111111111111111	O .	J	~	.00	~	• • • •	• 0 0 0	~	• 0 0	~	• 0 0

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19,916.31 95.75 15,216.79 271.73

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271.73

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56

208

EXAMINATIONS

SERVICES AND MATERIALS

INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

.00

.00

603.52

563.58

.00

66.17

50.55

.00

.000

.186

.000

NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00	.000	\$.00	Ċ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	ې خ	.00		.00	.000		.00		.00
@TOTAL HOSPITAL	100	915	ې د		\$				5339.13		
HOSP INPATIENT TOTAL	30	384	Ą	533,913.19 517,926.59	Ą		1.276		17264.22	Ş	1773.80
	14	153					.508		11578.38		
HSC HOSPITALS	17	191		162,097.32		1059.46 1847.46			20756.73		538.53 1172.31
NON-HSC HOSPITAL TOTAL	1 / 1 7	191		352,864.45		1847.46 558.58	. 635				354.45
ACCOMMODATIONS	7			106,688.09		558.58	.635		6275.77		
ADMINISTRATIVE DAYS	0	56 0		11,770.35		210.18	.186		1681.48		39.10
TRANSITIONAL IP CARE	13			.00		.00	.000		.00		.00
ALL OTHER ACCOM	13 17	135		94,917.74		703.09	.449		7301.36		315.34
ANCILLARIES	- ·	0		246,176.36		.00	.000		14480.96		817.86
INPATIENT CROSSOVERS	4	40		2,964.82		74.12	.133		741.21		9.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	77	531		15,986.60		30.11	1.764		207.62		53.11
MEDICAL	9	14		472.18		33.73	.047		52.46		1.57
SURGERY	11	11		574.43		52.22	.037		52.22		1.91
PATHOLOGY	23	134		1,116.22		8.33			48.53		3.71
RADIOLOGY	22	40		4,226.37		105.66	.133		192.11		14.04
ROOM USE	31	42		1,679.00		39.98	.140		54.16		5.58
CROSSOVERS/ALL OTH OUTPTNT		290		7,918.40		27.30	.963		143.97		26.31
@COUNTY HOSPITAL TOTAL	1	2	\$	97.47	\$	48.74	.007	\$		\$.32
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		97.47		48.74	.007		97.47		.32
MEDICAL	1	1		64.15		64.15	.003		64.15		.21
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.32		33.32	.003		33.32		.11
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC	2002	P	AGE 9,243
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 31 MN	- soc	C - DISABLED A	ID C	CODES 65 67	6W				
							M	TNC	HLY AVERA	GE	

301 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 99 913 533,815.72 584.68 3.033 \$ 5392.08 \$ 1773.47 COMM HOSP INPATIENT TOTAL 30 384 517,926.59 1348.77 1.276 17264.22 1720.69 1059.46 11578.38 538.53 HSC HOSPITALS 14 153 162,097.32 .508 NON-HSC HOSPITALS TOTAL 17 191 352,864.45 1847.46 .635 20756.73 1172.31 17 191 106,688.09 558.58 .635 6275.77 354.45 ACCOMMODATIONS ADMINISTRATIVE DAYS 7 56 11,770.35 210.18 .186 1681.48 39.10 0 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 13 135 94,917.74 703.09 .449 7301.36 315.34 ALL OTHER ACCOM 17 246,176.36 14480.96 817.86 ANCILLARIES 0 .00 .000 741.21 9.85 INPATIENT CROSSOVERS 4 40 2,964.82 74.12 .133 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	76	529		15,889.13		30.04	1.757		209.07		52.79
MEDICAL	8	13		408.03		31.39	.043		51.00		1.36
SURGERY	11	11		574.43		52.22	.037		52.22		1.91
PATHOLOGY	23	134		1,116.22		8.33	.445		48.53		3.71
RADIOLOGY	22	40		4,226.37		105.66	.133		192.11		14.04
ROOM USE	30	41		1,645.68		40.14	.136		54.86		5.47
CROSSOVERS/ALL OTH OUTPTNT	55	290		7,918.40		27.30	.963		143.97		26.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	ċ		Ś	.00
-	0	0	Ą		Ą			ې		ې	
MENTALLY ILL	•	•		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	19	241	\$	33,975.18	\$	140.98	.801	\$	1788.17	\$	112.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	241		33,975.18		140.98	.801		1788.17		112.87
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Υ	.00	Υ	.00	.000	Ψ	.00	Υ	.00
	0	0		.00			.000				
ICF DD						.00			.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	20	108	\$	13,685.34	\$	126.72	.359	Ş	684.27	Ş	45.47
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	108		13,685.34		126.72	.359		684.27		45.47
@REHABILITATION FACILITY	2	7	\$	341.54	\$	48.79	.023	\$	170.77	\$	1.13
HOSPITAL BASED	2	7		341.54		48.79	.023		170.77		1.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	31	112	\$	1,786.23	\$	15.95	.372	Ś	57.62	Ś	5.93
PATHOLOGY	31	112		1,786.23	'	15.95	.372		57.62		5.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	25	76	\$	14,568.28	\$	191.69	.252	Ċ	582.73	Ċ	48.40
-	2 2		Ą	51.29	Ą	25.65	.007	ې	25.65	ې	
CLINIC		2									.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23	74		14,516.99		196.18	.246		631.17		48.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC	2002	P	PAGE 9,244
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	- SOC	- DISABLED A	ID C	DDES 65 67	6W				
							M	ONT	HLY AVERA	GE	
301 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	69	2,314	\$	33,085.20	\$				479.50		109.92
DURABLE MED. EQUIP.	8	25	Ψ	14,384.19	Ψ.	575.37	.083	Τ.	1798.02	т	47.79
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									
HEARING AID DISPENSERS				.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	32	2,019		8,387.28		4.15	6.708		262.10		27.86
AMBULANCES/AIR TRANS	10	237		2,451.51		10.34	.787		245.15		8.14
OTHER TRANS	22	1,711		5,723.05		3.34	5.684		260.14		19.01
OTHER SERVICES	3	71		212.72		3.00	.236		70.91		.71
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	12	76		7,017.56		92.34	.252		584.80		23.31
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	5	13		144.93		11.15	.043		28.99		.48
	0	0		.00		.00	.000		.00		
PHYSICAL THERAPIST	U	U		.00		.00	.000		.00		.00

PORTABLE X-RAY	1	1	7.79	7.79	.003	7.79	.03
PROSTHETIST/ORTHOTISTS	3	5	167.62	33.52	.017	55.87	.56
PROSTHETICS	3	5	167.62	33.52	.017	55.87	.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	1,518.62	101.24	.050	759.31	5.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	160	1,457.21	9.11	.532	58.29	4.84
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	105	3,496	\$ 36,949.49	\$ 10.57	11.615	\$ 351.90	\$ 122.76

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----242 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 306 2,120 669,167.05 \$ 315.64 8.760 \$ 2186.82 \$ 2765.15 @PHYSICIANS SERVICES 171 763 39,872.66 52.26 3.153 \$ 233.17 \$ 164.76 OUTPATIENT VISITS 88 119 4,744.39 39.87 .492 53.91 19.60 OFFICE VISITS 51 74 2,238.25 30.25 .306 43.89 9.25 Ω Ω .000 HOME VISITS .00 .00 .00 .00 EMERGENCY ROOM 37 41 2,383.80 58.14 .169 64.43 9.85 0 0 .00 .000 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .000 .00

OTHER OUTPATIENT	4	4		122.34	30.59	.017	30.59		.51
INPATIENT VISITS	23	82		4,534.54	55.30	.339	197.15		18.74
HOSPITAL VISITS	22	72		3,318.54	46.09	.298	150.84		13.71
CRITICAL CARE	5	10		1,216.00	121.60	.041	243.20		5.02
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	31	227		15,073.43	66.40	.938	486.24		62.29
PRINCIPAL SURGEON	20	37		10,689.55	288.91	.153	534.48		44.17
ASSISTANT SURGEON	3	3		557.61	185.87	.012	185.87		2.30
ANESTHESIOLOGIST	13	187		3,826.27	20.46	.773	294.33		15.81
OUTPATIENT SURGERY	24	84		6,970.62	82.98	.347	290.44		28.80
PRINCIPAL SURGEON	19	21		5,384.89	256.42	.087	283.42		22.25
ASSISTANT SURGEON	1	1		223.38	223.38	.004	223.38		.92
ANESTHESIOLOGIST	9	62		1,362.35	21.97	.256	151.37		5.63
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	17	23		535.37	23.28	.095	31.49		2.21
RADIOLOGY	60	182		6,437.99	35.37	.752	107.30		26.60
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	6		26.18	4.36	.025	26.18		.11
OTHER SERVICES/ALL X-OVERS	29	40		1,550.14	38.75	.165	53.45		6.41
@PHARMACY	103	338	\$	475,920.23	\$ 1408.05	1.397	\$ 4620.58	\$	1966.61
PRESCRIPTION DRUGS	98	305		26,107.53	85.60	1.260	266.40		107.88
SNF/ICF	2	27		1,559.98	57.78	.112	779.99		6.45
OUTPATIENTS	96	278		24,547.55	88.30	1.149	255.70		101.44
MEDICAL SUPPLIES	19	33		449,812.70	13630.69	.136	23674.35		1858.73
@DENTIST	35	142	\$	6,303.99	\$ 44.39	.587	\$ 180.11	\$	26.05
VISITS - DIAGNOSTIC	22	71		1,191.00	16.77	.293	54.14		4.92
ORAL SURGERY	5	8		248.00	31.00	.033	49.60		1.02
DRUGS	1	1		25.00	25.00	.004	25.00		.10
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	3	4		497.99	124.50	.017	166.00		2.06
RESTORATIVE DENTISTRY	17	49		3,462.00	70.65	.202	203.65		14.31
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1		200.00	200.00	.004	200.00		.83
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.004	50.00		.21
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1	3		630.00	210.00	.012	630.00		2.60
ALL OTHER SERVICES	3	4		.00	.00	.017	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	P	PAGE 9,246
MOP024	FEE-FOR-SERVICE/DENTA	ΑL							01/17/03

----- MONTHLY AVERAGE -----242 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 8 22 \$ 559.66 \$ 25.44 .091 \$ 69.96 \$ 2.31 7 DIAGNOSTIC AND ANC. PROCED 7 324.89 46.41 .029 46.41 1.34 EYE APPLIANCES 5 15 234.77 15.65 .062 46.95 .97 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .000 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 171.61 \$ 42.90 .017 \$ 171.61 \$.71

PLACER COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MEDICINE/INJECTIONS	1	1		21.40	21.	40 .004		21.40		.09
SURGERY/ANES.	1	3		150.21	50.			150.21		.62
RADIO./PATHOLOGY	0	0		.00		00 .000		.00		.00
	0	•								
OTHER	U	0		.00		.000		.00		.00
@HOME HEALTH AGENCY	1	6	Ş	449.16	\$ 74.				\$	1.86
NURSE ANESTHESIST	0	0	Ş	.00		.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	485	\$	124,685.39	\$ 257.	2.004	\$	1312.48	\$	515.23
HOSP INPATIENT TOTAL	26	96		116,011.81	1208.			4461.99		479.39
HSC HOSPITALS	21	78		76,455.25	980.			3640.73		315.93
NON-HSC HOSPITAL TOTAL	5	18		39,556.56	2197.			7911.31		163.46
ACCOMMODATIONS	5	18		12,700.30	705.			2540.06		52.48
	0	0								
ADMINISTRATIVE DAYS	0			.00		.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.000		.00		.00
ALL OTHER ACCOM	5	18		12,700.30	705.			2540.06		52.48
ANCILLARIES	5	0		26,856.26		.000		5371.25		110.98
INPATIENT CROSSOVERS	0	0		.00	. (.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	. (.000		.00		.00
HOSP OUTPATIENT TOTAL	71	389		8,673.58	22.	30 1.607		122.16		35.84
MEDICAL	14	22		563.50	25.	.091		40.25		2.33
SURGERY	8	10		544.80	54.			68.10		2.25
PATHOLOGY	36	157		1,480.72	9.			41.13		6.12
RADIOLOGY	32	45		2,575.17	57.			80.47		10.64
	50	65		2,471.94				49.44		10.21
ROOM USE					38.					
CROSSOVERS/ALL OTH OUTPTNT	33	90		1,037.45	11.			31.44		4.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000		.00		.00
HSC HOSPITALS	0	0		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	. (.000		.00		.00
ACCOMMODATIONS	0	0		.00	. (.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	. (.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	. (.000		.00		.00
ALL OTHER ACCOM	0	0		.00	. (.000		.00		.00
ANCILLARIES	0	0		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000		.00		.00
	0	0								
MEDICAL	0	0		.00		.000		.00		.00
SURGERY	U	U		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.000		.00		.00
RADIOLOGY	0	0		.00		.000		.00		.00
ROOM USE	0	0		.00		.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	. (.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT FOR	JAN 2002 THRU	DEC	2002	P	AGE 9,247
MOP024	FEE-FOR-SERVICE	:/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 32 MN -	SOC	- FAMILIES AID CO	DDE 5R 6R	37				
						1	TNON	HLY AVERA	\GE	
242 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE (COST UNITS/DAY	YS.	COST PER		COST PER
		OR DAYS OF CARE				DAY PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	485	\$	124,685.39	\$ 257.			1312.48		515.23
COMM HOSP INPATIENT TOTAL	26	96	~	116,011.81	1208.		4	4461.99	Y	479.39
	21			76,455.25	980.			3640.73		315.93
HSC HOSPITALS		78 10								
NON-HSC HOSPITALS TOTAL	5	18		39,556.56	2197.			7911.31		163.46
ACCOMMODATIONS	5	18		12,700.30	705.	.074		2540.06		52.48

	_	_									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	18		12,700.30		705.57	.074		2540.06		52.48
ANCILLARIES	5	0		26,856.26		.00	.000		5371.25		110.98
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	71	389		8,673.58		22.30	1.607		122.16		35.84
MEDICAL	14	22		563.50		25.61	.091		40.25		2.33
SURGERY	8	10		544.80		54.48	.041		68.10		2.25
PATHOLOGY	36	157		1,480.72		9.43	.649		41.13		6.12
RADIOLOGY	32	45		2,575.17		57.23	.186		80.47		10.64
ROOM USE	50	65		2,471.94		38.03	.269		49.44		10.21
CROSSOVERS/ALL OTH OUTPTNT	33	90		1,037.45		11.53	.372		31.44		4.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	120	\$	10,794.73	\$	89.96	.496	\$	2698.68	\$	44.61
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	120		10,794.73		89.96	.496		2698.68		44.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	97	\$	1,327.16	\$	13.68	.401	\$	73.73	\$	5.48
PATHOLOGY	18	97	•	1,327.16	·	13.68	.401	·	73.73	·	5.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	19	\$	2,736.61	\$	144.03		\$	390.94	\$	11.31
CLINIC	1	1	•	29.71	·	29.71	.004	·	29.71	·	.12
SURGICENTER	1	11		362.41		32.95	.045		362.41		1.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	7		2,344.49		334.93	.029		468.90		9.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES MO	•	EPORT			DEC		Ρž	AGE 9,248
MOP024	FEE-FOR-SERVICE/DENTA							_			01/17/03

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 242 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 124 \$ 6,345.85 \$ 51.18 .512 \$ 396.62 \$ 26.22 @ALL OTHER PROVIDERS 16 51.18 .512
19.13 .008
.00 .000
.00 .000
55.60 .430
.55.60 .430
.00 .000
.00 .000 38.26 .16 DURABLE MED. EQUIP. 1 2 38.26 .00 .00 0 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 55.60 23.89 7 5,782.08 104 826.01 MEDICAL TRANSPORTATION 104 826.01 23.89 5,782.08 AMBULANCES/AIR TRANS .00 .00 OTHER TRANS 0 .00 .00 0 OTHER SERVICES .00 .00 .00 ACUPUNCTURE .00 .000 .00 .00

PLACER COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

ADULT DAY HEALTH CARE CTR	1	3	199.62	(56.54	.012	199.62	.82
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	5	10	118.77	1	11.88	.041	23.75	.49
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	197.29	4	19.32	.017	197.29	.82
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83		9.83	.004	9.83	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	11	81	\$ 459,936.04	\$ 567	78.22	.335	\$ 41812.37	\$ 1900.56
@XOVER EXCLUDING STATE HOSP**	2	3	\$ 63.17	\$ 2	21.06	.012	\$ 31.59	\$.26

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,249
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

I BROBIC GOONII	DOILING OF DER	VIOLO ION SS HEDIO	 NEEDI 500				
						NTHLY AVERA	
714 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,025	•	\$ 1,913,187.44	\$ 91.72	29.213		2679.53
@PHYSICIANS SERVICES	380	,	\$ 104,237.31		6.808		\$ 145.99
OUTPATIENT VISITS	140	197	7 , 886.53	40.03	.276	56.33	11.05
OFFICE VISITS	87	127	3,637.39	28.64	.178	41.81	5.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	64	4,093.12	63.96	.090	73.09	5.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	156.02	26.00	.008	31.20	.22
INPATIENT VISITS	58	373	18 , 719.76	50.19	.522	322.75	26.22
HOSPITAL VISITS	55	322	12,865.50	39.95	.451	233.92	18.02
CRITICAL CARE	10	45	5 , 576.98	123.93	.063	557.70	7.81
SNF/ICF/TRANS IP CARE	5	6	277.28	46.21	.008	55.46	.39
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	64	435	34 , 989.74	80.44	.609	546.71	49.01
PRINCIPAL SURGEON	47	93	25,906.34	278.56	.130	551.20	36.28
ASSISTANT SURGEON	7	8	1,824.71	228.09	.011	260.67	2.56
ANESTHESIOLOGIST	27	334	7,258.69	21.73	.468	268.84	10.17
OUTPATIENT SURGERY	42	167	12,838.55	76.88	.234	305.68	17.98
PRINCIPAL SURGEON	32	39	9,847.58	252.50	.055	307.74	13.79
ASSISTANT SURGEON	2	2	339.54	169.77	.003	169.77	.48
ANESTHESIOLOGIST	15	126	2,651.43	21.04	.176	176.76	3.71
DIALYSIS	3	13	695.82	53.52	.018	231.94	.97
PATHOLOGY	36	60	2,007.37	33.46	.084	55.76	2.81

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	101	378		17,439.58		46.14	.529	172.67		24.43
PSYCHIATRY	0	0		6.90		.00	.000	.00		.01
IMMUNIZATION AND INJECTION	4	20		103.36		5.17	.028	25.84		.14
OTHER SERVICES/ALL X-OVERS	152	3,218		9,549.70		2.97	4.507	62.83		13.37
@PHARMACY	491	2,603	\$	755,943.81	\$	290.41	3.646	\$ 1539.60	\$	1058.74
PRESCRIPTION DRUGS	479	2,524		303,571.14		120.27	3.535	633.76		425.17
SNF/ICF	88	629		36,560.35		58.12	.881	415.46		51.20
OUTPATIENTS	395	1,895		267,010.79		140.90	2.654	675.98		373.96
MEDICAL SUPPLIES	38	79		452,372.67		5726.24	.111	11904.54		633.58
@DENTIST	107	404	\$	15,662.99	\$	38.77	.566	\$ 146.38	\$	21.94
VISITS - DIAGNOSTIC	67	193		1,915.00		9.92	.270	28.58		2.68
ORAL SURGERY	11	27		621.00		23.00	.038	56.45		.87
DRUGS	2	2		25.00		12.50	.003	12.50		.04
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	3	8		400.00		50.00	.011	133.33		.56
ENDODONTICS	8	17		1,917.99		112.82	.024	239.75		2.69
RESTORATIVE DENTISTRY	45	128		8,724.00		68.16	.179	193.87		12.22
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	8	10		1,180.00		118.00	.014	147.50		1.65
SPACE MAINTAINERS	1	1		200.00		200.00	.001	200.00		.28
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.001	50.00		.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	1	3		630.00		210.00	.004	630.00		.88
ALL OTHER SERVICES	8	14		.00		.00	.020	.00		.00
#CALIF DEPT OF HEALTH SERV			URES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	P	AGE 9,250
MOP024	FEE-FOR-SERVICE	I/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 33 ME	DICAL	LY NEEDY - SOC						
								ONTHLY AVERA		
714 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COS	T UNITS/DAY	S COST PER		COST PER

714 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	16	42	\$ 887.68	\$ 21.14	.059 \$	55.48	\$ 1.24
DIAGNOSTIC AND ANC. PROCED	8	8	372.34	46.54	.011	46.54	.52

EYE APPLIANCES	12	32		511.88		16.00	.045		42.66		.72
OTHER OPTOMETRIC SERVICES	1	2		3.46		1.73	.003		3.46		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	68	\$	805.90	\$	11.85	.095	\$	38.38	\$	1.13
MEDICINE/INJECTIONS	1	1		21.40		21.40	.001		21.40		.03
SURGERY/ANES.	1	3		150.21		50.07	.004		150.21		.21
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	20	64		634.29		9.91	.090		31.71		.89
@HOME HEALTH AGENCY	13	185	\$	13,597.42	\$	73.50	.259	\$	1045.96	\$	19.04
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	211	1,503	\$	661,528.87	\$	440.14	2.105	\$	3135.21	\$	926.51
HOSP INPATIENT TOTAL	59	491		635,747.18		1294.80	.688		10775.38		890.40
HSC HOSPITALS	35	231		238,552.57		1032.70	.324		6815.79		334.11
NON-HSC HOSPITAL TOTAL	22	209		392,421.01		1877.61	.293		17837.32		549.61
ACCOMMODATIONS	22	209		119,388.39		571.24	.293		5426.75		167.21
ADMINISTRATIVE DAYS	7	56		11,770.35		210.18	.078		1681.48		16.49
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	153		107,618.04		703.39	.214		5978.78		150.73
ANCILLARIES	22	0		273,032.62		.00	.000		12410.57		382.40
INPATIENT CROSSOVERS	7	51		4,773.60		93.60	.071		681.94		6.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	161	1,012		25,781.69		25.48	1.417		160.13		36.11
MEDICAL	23	36		1,035.68		28.77	.050		45.03		1.45
SURGERY	19	21		1,119.23		53.30	.029		58.91		1.57
PATHOLOGY	59	291		2,596.94		8.92	.408		44.02		3.64
RADIOLOGY	54	85		6,808.30		80.10	.119		126.08		9.54
ROOM USE	81	107		4,150.94		38.79	.150		51.25		5.81
CROSSOVERS/ALL OTH OUTPTNT	101	472		10,070.60		21.34	.661		99.71		14.10
@COUNTY HOSPITAL TOTAL	1	2	\$	97.47	\$	48.74	.003	Ś	97.47	Ś	.14
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	۲	.00	.000	Υ	.00	Υ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		97.47		48.74	.003		97.47		.14
MEDICAL	1	1		64.15		64.15	.001		64.15		.09
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.32		33.32	.001		33.32		.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	•	IRES M	.00 ONTH-OF-PAYMENT RI	E P O P			DEC		D7	AGE 9,251
MOP024	FEE-FOR-SERVICE		יועו טיוייי	OMIN OF TWINDING VI		T FOR UAIN	2002 11110	יייע	. 2002	E F	01/17/03
PLACER COUNTY		ICES FOR 33 MED) T C A T.T.	Y NEEDY - SOC							51/1//05
I MICHIC COOKI I	COMMINT OF DERV	TODO TOR OU MEL	, T O17111	1 1,11111 000			N	TMOI	HLY AVERA	GE -	
714 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV	ERAGE COS	T UNITS/DAY				COST PER

		OR DAYS OF CAR	E.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	210	1,501	\$	661,431.40	\$	440.66			3149.67		926.37
COMM HOSP INPATIENT TOTAL	59	491	•	635,747.18		1294.80	.688		10775.38		890.40
HSC HOSPITALS	35	231		238,552.57		1032.70	.324		6815.79		334.11
NON-HSC HOSPITALS TOTAL	22	209		392,421.01		1877.61	.293		17837.32		549.61
ACCOMMODATIONS	22	209		119,388.39		571.24	.293		5426.75		167.21
ADMINISTRATIVE DAYS	7	56		11,770.35		210.18	.078		1681.48		16.49
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	153		107,618.04		703.39	.214		5978.78		150.73
ANCILLARIES	22	0		273,032.62		.00	.000		12410.57		382.40
INPATIENT CROSSOVERS	7	51		4,773.60		93.60	.071		681.94		6.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	160	1,010		25,684.22		25.43	1.415		160.53		35.97
MEDICAL	22	35		971.53		27.76	.049		44.16		1.36
SURGERY	19	21		1,119.23		53.30	.029		58.91		1.57
PATHOLOGY	59	291		2,596.94		8.92	.408		44.02		3.64
RADIOLOGY	54	85		6,808.30		80.10	.119		126.08		9.54
ROOM USE	80	106		4,117.62		38.85	.148		51.47		5.77
CROSSOVERS/ALL OTH OUTPINT	101	472		10,070.60		21.34	.661		99.71		14.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	91	2 , 335	\$	253,770.11	\$	108.68		\$	2788.68	\$	355.42
LEV A-INTERMEDIATE	1	17		1,124.72		66.16	.024		1124.72		1.58
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	90	2,318		252,645.39		108.99	3.246		2807.17		353.85
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	122	\$	18,882.41	\$	154.77	.171	Ş	726.25	Ş	26.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	26	122		18,882.41		154.77	.171		726.25		26.45
@REHABILITATION FACILITY	2 2	7	\$	341.54	\$			\$	170.77	Ş	.48
HOSPITAL BASED	2	7		341.54		48.79	.010		170.77		.48
INDEPENDENT FACILITY	51	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	<u>_</u>	.00
@LABORATORY FACILITY	51	215 215	\$	3,169.29	\$	14.74	.301	Ş	62.14	Þ	4.44
PATHOLOGY	21	215		3,169.29		14.74	.301		62.14		4.44
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	37	106	\$.00 18,016.22	\$	169.96	.000 .148	ċ	486.92	ċ	25.23
CLINIC CLINIC	3	3	Ą	81.00	Ą	27.00	.004	Ą	27.00	Ą	.11
SURGICENTER	2	17		593.62		34.92	.004		296.81		.83
	0	0		.00		.00	.024		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	32	86		17,341.60							24.29
			DEC M	I/,341.00 IONTH-OF-PAYMENT RI						D	AGE 9,252
MOP024	FEE-FOR-SERVICE		IVIDO I	ONIII OF FAIMENI N	EFOI.	I FOR UAN 2	2002 11110	טבכ	. 2002	Ε.	01/17/03
PLACER COUNTY		ICES FOR 33 MED	TCAT.T	V NEEDY - SOC							01/1//03
I HACER COUNTI	DOMPART OF BERV	TCES FOR 33 MED	ТСАПТ	II NEEDI 500			M	ONT	HIY AVERA	GE.	
714 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST					COST PER
, 11 221012	ODLINO	OR DAYS OF CAR		2111 2110111011110		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	143	8,407		66,343.89		7.89			463.94		92.92
DURABLE MED. EQUIP.	11	38	,	14,524.95	7		.053		1320.45	ŕ	20.34
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	,		. 3 0							

MEDICAL TRANSPORTATION 47 2,364 15,400.65 6.51 3.311 327.67 21.57 AMBULANCES/AIR TRANS 18 347 8,358.50 24.09 486 464.36 11.71 OTHER TRANS 28 1,941 6,783.11 3.49 2.718 242.25 9.50 OTHER SERVICES 4 76 259.04 3.41 1.06 64.76 3.6 ACUPUNCTURE 0 0 0 0.00 .00 <t< th=""><th>HEARING AID DISPENSERS</th><th>2</th><th>5</th><th>2,303.40</th><th>460.68</th><th>.007</th><th>1151.70</th><th>3.23</th></t<>	HEARING AID DISPENSERS	2	5	2,303.40	460.68	.007	1151.70	3.23
OTHER TRANS OTHER TRANS OTHER SERVICES 4 76 259.04 3.41 .106 64.76 .36 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 26 259 17,050.19 65.83 .363 655.78 23.88 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 IHMC,MODEL-NF,NF,AIDS,MSSP 12 76 7,017.56 92.34 .106 584.80 9.83 OCCUPATIONAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPTICIAN 14 35 384.90 11.00 .049 27.49 .54 PHYSICAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 1 1 1 1 7.79 7.79 .00 .779 .01 PROSTHETITS/ORTHOTISTS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 2 5 5 975.56 195.11 .007 487.78 1.37 HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 0 0 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 1 1 1 1 9.83 9.83 .001 9.83 .01 EPSDT SUPPLEMENTAL SERVICE 0 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 PLOTAL THER PROVIDERS 40 5,566 3,013.46 5.54 7.796 7.34 4.22 @CALIF. CHILDREN SERVICES* 11 81 \$ 459,936.04 \$ 5678.22 .113 \$ 41812.37 \$ 644.17	MEDICAL TRANSPORTATION	47	2,364	15,400.65	6.51	3.311	327.67	21.57
OTHER SERVICES 4 76 259.04 3.41 .106 64.76 .36 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	AMBULANCES/AIR TRANS	18	347	8,358.50	24.09	.486	464.36	11.71
ACUPUNCTURE 26 259 17,050.19 65.83 .363 655.78 23.88 65ETT DISEASE TESTING 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	OTHER TRANS	28	1,941	6,783.11	3.49	2.718	242.25	9.50
ADULT DAY HEALTH CARE CTR 26 259 17,050.19 65.83 .363 655.78 23.88 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER SERVICES	4	76	259.04	3.41	.106	64.76	.36
GENETIC DISEASE TESTING 0 0 0 0.00 .00 .00 .00 .00 .00 1 .00	ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP 12 76 7,017.56 92.34 .106 584.80 9.83 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .000 .00 .00 OPTICIAN 14 35 384.90 11.00 .049 27.49 .544 PHYSICAL THERAPIST 0 0 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 1 1 1 7,79 7.79 .001 7,79 .01 PROSTHETIST/ORTHOTISTS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 2 5 975.56 195.11 .007 487.78 1.37 HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 1 1 1 9.83 9.83 .001 9.83 .01 EFESDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 RESPIRATORY CARE PRACT 0 0 0 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 ALL OTHER PROVIDERS 40 5,566 3,013.46 .54 7.796 75.34 4.22 @CALIF. CHILDREN SERVICES* 11 81 \$ 459,936.04 \$ 5678.22 .113 \$ 41812.71 \$ 644.17	ADULT DAY HEALTH CARE CTR	26	259	17,050.19	65.83	.363	655.78	23.88
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 14 35 384.90 11.00 .049 27.49 .54 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 1 1 7.79 7.79 .001 7.79 .01 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00 <td>GENETIC DISEASE TESTING</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
OPTICIAN 14 35 384.90 11.00 .049 27.49 .54 PHYSICAL THERAPIST 0 0 .00	IHMC, MODEL-NF, NF, AIDS, MSSP	12	76	7,017.56	92.34	.106	584.80	9.83
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 PORTABLE X-RAY 1 1 1 7.79 7.79 .001 7.79 .01 PROSTHETIST/ORTHOTISTS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 .00	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 1 1 7.79 7.79 0.01 7.79 0.01 PROSTHETIST/ORTHOTISTS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 2 5 975.56 195.11 .007 487.78 1.37 HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 1 1 9.83 9.83 .001 9.83 .01 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00	OPTICIAN	14	35	384.90	11.00	.049	27.49	.54
PROSTHETIST/ORTHOTISTS 3 5 167.62 33.52 .007 55.87 .23 PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS 3 5 167.62 33.52 .007 55.87 .23 ORTHOTICS 0 0 .00	PORTABLE X-RAY	1	1	7.79	7.79	.001	7.79	.01
ORTHOTICS 0 0 .00 </td <td>PROSTHETIST/ORTHOTISTS</td> <td>3</td> <td>5</td> <td>167.62</td> <td>33.52</td> <td>.007</td> <td>55.87</td> <td>.23</td>	PROSTHETIST/ORTHOTISTS	3	5	167.62	33.52	.007	55.87	.23
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 2 5 975.56 195.11 .007 487.78 1.37 HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 .00 <td>PROSTHETICS</td> <td>3</td> <td>5</td> <td>167.62</td> <td>33.52</td> <td>.007</td> <td>55.87</td> <td>.23</td>	PROSTHETICS	3	5	167.62	33.52	.007	55.87	.23
SPEECH AND AUDIOLOGY 2 5 975.56 195.11 .007 487.78 1.37 HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 4 52 5,487.98 105.54 .073 1372.00 7.69 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 1 1 9.83 9.83 .001 9.83 .01 EPSDT SUPPLEMENTAL SERVICE 0 0 .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 1 1 9.83 9.83 .001 9.83 .01 EPSDT SUPPLEMENTAL SERVICE 0 0 .00	SPEECH AND AUDIOLOGY	2	5	975.56	195.11	.007	487.78	1.37
LOCAL EDUCATION AGENCIES 1 1 9.83 9.83 .001 9.83 .01 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 <td< td=""><td>HOSPICE SERVICES</td><td>4</td><td>52</td><td>5,487.98</td><td>105.54</td><td>.073</td><td>1372.00</td><td>7.69</td></td<>	HOSPICE SERVICES	4	52	5,487.98	105.54	.073	1372.00	7.69
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.001	9.83	.01
PED SUBACUTE REHAB/WEANING 0 0 .00 .	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 40 5,566 3,013.46 .54 7.796 75.34 4.22 @CALIF. CHILDREN SERVICES* 11 81 \$ 459,936.04 \$ 5678.22 .113 \$ 41812.37 \$ 644.17	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 11 81 \$ 459,936.04 \$ 5678.22 .113 \$ 41812.37 \$ 644.17	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	40	5 , 566	3,013.46	.54	7.796	75.34	4.22
@XOVER EXCLUDING STATE HOSP** 168 3,721 \$ 49,590.98 \$ 13.33 5.211 \$ 295.18 \$ 69.46	@CALIF. CHILDREN SERVICES*	11	81	\$ 459,936.04	\$			
	@XOVER EXCLUDING STATE HOSP**	168	3,721	\$ 49,590.98	\$ 13.33	5.211	\$ 295.18	\$ 69.46

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,253
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

					MO	NTHLY AVERA	GE
6,963 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6 , 783	271 , 017 \$	19,324,856.97	\$ 71.30	38.922	\$ 2849.01	\$ 2775.36
@PHYSICIANS SERVICES	550	895 \$	13,018.27	\$ 14.55	.129	\$ 23.67	\$ 1.87
OUTPATIENT VISITS	3	3	136.49	45.50	.000	45.50	.02
OFFICE VISITS	1	1	47.20	47.20	.000	47.20	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.000	20.94	.00
INPATIENT VISITS	6	3	106.96	35.65	.000	17.83	.02
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	3	106.96	35.65	.000	17.83	.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	5	133.38	26.68	.001	133.38	.02
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.001	133.38	.02

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESIRESIOLOGISI	U	U		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		4.72		4.72	.000		4.72		.00
RADIOLOGY	2	2		40.40		20.20	.000		20.20		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	539	881									1.81
OTHER SERVICES/ALL X-OVERS			_	12,596.32	_	14.30	.127	_	23.37	_	
@PHARMACY	5 , 455	43,554	\$	1,351,678.20	\$	31.03	6.255	Ş	247.79	Ş	194.12
PRESCRIPTION DRUGS	5,440	30 , 271		1,318,639.65		43.56	4.347		242.40		189.38
SNF/ICF	4,972	27 , 869		1,233,250.31		44.25	4.002		248.04		177.11
OUTPATIENTS	650	2,402		85,389.34		35.55	.345		131.37		12.26
MEDICAL SUPPLIES	466	13,283		33,038.55		2.49	1.908		70.90		4.74
@DENTIST	525	984	\$	45,790.25	\$	46.53	.141	Ċ	87.22	Ś	6.58
VISITS - DIAGNOSTIC	456	794	Y	16,938.50	Υ	21.33	.114	۲	37.15	۲	2.43
ORAL SURGERY	31	47		1,955.00		41.60	.007		63.06		.28
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	8		600.00		75.00	.001		120.00		.09
ENDODONTICS	2	4		590.00		147.50	.001		295.00		.08
RESTORATIVE DENTISTRY	7	9		478.00		53.11	.001		68.29		.07
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	71	118		25,123.75		212.91	.017		353.86		3.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
MAXILLOFACIAL SERVICES	•	•		.00		.00	.000				
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		75.00		25.00	.000		37.50		.01
ADD OTHER SERVICES											
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT RI	EPORT			DEC 2	2002	P.	AGE 9,254
		ES AND EXPENDITUR	RES 1		EPORT			DEC 2	2002	P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		MONTH-OF-PAYMENT RI	EPORT		2002 THRU I	DEC 2	2002	P.	AGE 9,254
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU I				AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR //DENTAL ICES FOR 34 MN -	- LTI	MONTH-OF-PAYMENT RI NG - AGED		FOR JAN 2	2002 THRU I DDE MO	NTHL	LY AVERA	GE	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURED FOR THE SERVICE OF SERVI	- LTI E	MONTH-OF-PAYMENT RI	AVE	FOR JAN 2 AID CO RAGE COST	2002 THRU I DDE MO UNITS/DAYS	NTHL	LY AVERA DST PER	GE	AGE 9,254 01/17/03 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURED FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE	- LTI E E	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY	DDE ODE ODE ODE ODE ODE ODE ODE ODE ODE	NTHI CC	LY AVERA DST PER USER	GE	AGE 9,254 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE./DENTAL TICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 198	- LTI E	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08	AVE	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028	NTHI CC	LY AVERA OST PER USER 45.21	GE	AGE 9,254 01/17/03 COST PER ELIGIBLE .61
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23	ES AND EXPENDITURE./DENTAL TICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 198 23	- LTI E E	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003	NTHI CC	LY AVERA OST PER USER 45.21 45.91	GE	AGE 9,254 01/17/03 COST PER ELIGIBLE .61 .15
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63	ES AND EXPENDITURATION OF THE PROPERTY OF SERVICE OR DAYS OF CARRES 198 23 160	- LTI E E	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003 .023	NTHI CC	LY AVERA OST PER USER 45.21 45.91 45.74	GE	AGE 9,254 01/17/03 COST PER ELIGIBLE .61 .15 .41
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12	ES AND EXPENDITURATION OF THE PROPERTY OF SERVICE OR DAYS OF CARRES 198 23 160 15	- LTI E E \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002	ONTHI S CC \$	LY AVERA OST PER USER 45.21 45.91 45.74 26.07	GE \$	AGE 9,254 01/17/03 COST PER ELIGIBLE .61 .15 .41 .04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63	ES AND EXPENDITURATION OF THE PROPERTY OF SERVICE OR DAYS OF CARRES 198 23 160	- LTI E E	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38	AVE PER	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003 .023	ONTHI S CC \$	LY AVERA OST PER USER 45.21 45.91 45.74	GE \$	AGE 9,254 01/17/03 COST PER ELIGIBLE .61 .15 .41
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12	ES AND EXPENDITURATION OF THE PROPERTY OF SERVICE OR DAYS OF CARRES 198 23 160 15	- LTI E E \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002	ONTHI S CC \$	LY AVERA OST PER USER 45.21 45.91 45.74 26.07	GE \$	AGE 9,254 01/17/03 COST PER ELIGIBLE .61 .15 .41 .04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0	ES AND EXPENDITURATION OF LICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 198 23 160 15 0	- LTI E E \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00	2002 THRU I DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000	ONTHI S CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0	ES AND EXPENDITURATION OF LICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 198 23 160 15 0 0	- LTI E E \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000	DNTHI G CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606	ES AND EXPENDITURATION OF CARRIED STATE	- LTI E E \$ \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000	DNTHI G CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 .00 12.71	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0	ES AND EXPENDITURATION OF LICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARREST 198 23 160 15 0 0 692 0	- LTI E E \$ \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000	DNTHI G CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 .00 12.71 .00	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0 0	ES AND EXPENDITURATION OF LANGE OF SERVICE OR DAYS OF CARREST OF C	- LTI E E \$ \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .11.13 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000 .000	DNTHI G CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0 0 0	ES AND EXPENDITURATION OF LANGE OF SERVICE OR DAYS OF CARREST SERVICE OR DAYS OF CARREST SERVICE OF CARREST	- LTI E E \$ \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 .00	AVE PER \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 .11.13 .00 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000 .000 .000	DNTHI G CC \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00	GE \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 0 606 0 0 0 606	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 692 0 0 692	- LTI E S \$ \$	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 .00 .00 .7,700.67	AVE PER \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 .11.13	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	ONTHI G CC \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 .00	GE \$ \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 606 0 0 606 0	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 692 0 692 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 0 692 0 0 0 0 692 0 0 0 0 692 0 0 0 0 0 692 0 0 0 0 0 692 0 0 0 0 0 0 692 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTN	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .7,700.67 .00 .00 7,700.67 .00 .00	AVE PER \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$	AY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 .00 .00	GE \$ \$ \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 606 0 0 1	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 692 0 692 0 4	- LTN	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 4.51	AVE PER \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .11.13	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51	GE S S S S	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0 0 606 0 1	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 692 0 692 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 692 0 0 0 0 692 0 0 0 0 692 0 0 0 0 692 0 0 0 0 0 692 0 0 0 0 0 692 0 0 0 0 0 0 692 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTN	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .7,700.67 .00 .00 7,700.67 .00 .00	AVE PER \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .11.13 .00 .00 11.13 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$	AY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 .00 .00	GE \$ \$ \$	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 0 606 0 0 1	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 692 0 692 0 4	- LTN	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 4.51	AVE PER \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .11.13	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51 .00	GE S S S S	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 0 606 0 0 1	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 692 0 0 0 692 0 0 692 0 4 0 0	- LTN	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 4.51 .00	AVE PER \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .11.13 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$ \$	AY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51 .00 .00	E o s s o oos	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0 1 0 1 0 0 0	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTM	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 4.51 .00 .00 .00	AVE PER \$ \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$ \$ \$ \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51 .00 .00 .00	E S S S S S S S S S S S S S S S S S S S	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 0 606 0 1 0 0 1 0 96	ES AND EXPENDITURATION OF THE PROPERTY OF SERVICE OR DAYS OF CARREST OF CARRE	- LTM	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 .00 4.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$ \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$ \$ \$ \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51 .00 .00 .00 338.02	E S S S S S S S S S S S S S S S S S S S	AGE 9,254 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 6,963 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 94 23 63 12 0 0 0 606 0 1 0 1 0 0 0	ES AND EXPENDITURATION OF LOCATION OF SERVICE OR DAYS OF CARRES 198 23 160 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- LTM	MONTH-OF-PAYMENT RI NG - AGED EXPENDITURES 4,250.08 1,055.85 2,881.38 312.85 .00 .00 .00 7,700.67 .00 .00 7,700.67 .00 4.51 .00 .00 .00	AVE PER \$ \$ \$ \$	FOR JAN 2 AID CO RAGE COST UNIT/DAY 21.47 45.91 18.01 20.86 .00 .00 .00 11.13 .00 .00 11.13 .00 .00	DDE MC UNITS/DAYS PER ELIG .028 .003 .023 .002 .000 .000 .000 .000 .000	DNTHI CC \$ \$ \$ \$ \$ \$ \$	LY AVERA DST PER USER 45.21 45.91 45.74 26.07 .00 .00 .00 12.71 .00 .00 12.71 .00 .00 4.51 .00 .00 .00	E S S S S S S S S S S S S S S S S S S S	AGE 9,254 01/17/03

OUTPATIENT SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	34	170	23,459.85	138.00	.024	690.00	3.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	63	491	8,990.31	18.31	.071	142.70	1.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	63	491	8,990.31	18.31	.071	142.70	1.29
@COUNTY HOSPITAL TOTAL	1	1	\$ 47.00	\$ 47.00	.000	\$ 47.00	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	47.00	47.00	.000	47.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 1 1 47.00 47.00 .000 47.00 .01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,255 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

PLACER COUNTY	SUMMARY OF SERV.	ICES FOR 34 MN -	- T.I.N	G - AGED		AID C					
									HLY AVERA	-	
6,963 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	660	\$	32,403.16	\$	49.10	.095	\$		\$	4.65
COMM HOSP INPATIENT TOTAL	34	170		23,459.85		138.00	.024		690.00		3.37
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	34	170		23,459.85		138.00	.024		690.00		3.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	62	490		8,943.31		18.25	.070		144.25		1.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	· · · · · · · · · · · · · · · · · · ·	490					.070		144.25		
CROSSOVERS/ALL OTH OUTPINT	02	490	\$	8,943.31	Ś	18.25 .00		Ś	.00	ċ	1.28
@STATE HOSPITAL	0		Ą	.00	Ą		.000	Ą		\$	
MENTALLY ILL	•	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	6,056	198,276	\$	17,607,502.10	Ş	88.80	28.476	\$	2907.45	\$	2528.72
LEV A-INTERMEDIATE	391	12,964		574,067.44		44.28	1.862		1468.20		82.45
LEV B-REHAB MD	24	730		69,579.00		95.31	.105		2899.13		9.99
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	5	481		196,952.32		409.46	.069		39390.46		28.29
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5 , 643	184,101		16,766,903.34		91.07	26.440		2971.27		2408.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	36	39	\$	19,287.08	\$	494.54	.006	\$	535.75	\$	2.77
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	36	39		19,287.08		494.54	.006		535.75		2.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	67	\$	5.19	Ś	.08	.010	\$	2.60	Ś	.00
PATHOLOGY	1	1	Υ	4.37	Y	4.37	.000	٧	4.37	Y	.00
XO AND OTHERS	1	66		.82		.01	.009		.82		.00
@ORGANIZED OUTPATIENT CLINIC	16	24	\$	2,174.95	\$	90.62	.003	Ś	135.93	Ś	.31
CLINIC CLINIC	0	0	۲	2,174.93	Ą	.00	.000	۲	.00	ې	.00
	5	4		802.82		200.71			160.56		
SURGICENTER	0	-					.001				.12
HEROIN DETOX CLINIC		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	20		1,372.13		68.61	.003	D= ~	124.74	_	.20
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	ZUUZ THRU	DEC	2002	P	AGE 9,256
MOP024	FEE-FOR-SERVICE,			C 3.CED			0.00				01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 34 MN -	- L'I'N	G - AGED		AID C	ODE				

						MON	THLY AVERA	GE -	
6,963 ELIGIBLES	USERS U	NITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	848	25 , 623	\$	240,995.51	\$ 9.41	3.680 \$	284.19	\$	34.61
DURABLE MED. EQUIP.	172	1,301		73,565.74	56.55	.187	427.71		10.57
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	5	7		1,530.88	218.70	.001	306.18		.22
MEDICAL TRANSPORTATION	482	15,552		58,622.70	3.77	2.234	121.62		8.42
AMBULANCES/AIR TRANS	17	90		1,930.19	21.45	.013	113.54		.28
OTHER TRANS	455	15,345		55,891.51	3.64	2.204	122.84		8.03
OTHER SERVICES	14	117		801.00	6.85	.017	57.21		.12
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	69	140		1,787.70	12.77	.020	25.91		.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	17	37		216.77	5.86	.005	12.75		.03
PROSTHETIST/ORTHOTISTS	3	4		110.40	27.60	.001	36.80		.02
PROSTHETICS	3	4		110.40	27.60	.001	36.80		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	14	14		255.97	18.28	.002	18.28		.04
SPEECH AND AUDIOLOGY	51	73		8,939.10	122.45	.010	175.28		1.28
HOSPICE SERVICES	34	927		92,459.72	99.74	.133	2719.40		13.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	55	7,568		3 , 506.53	.46	1.087	63.76		.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1 , 560	14,664	\$	193,051.86	\$ 13.17	2.106 \$	123.75	\$	27.73
0* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARAT	'E INFORMATION I	TEM O	NLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPR	OPRIATE DETAIL	LINES	ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE	DETAIL LINES AF	BOVE.						
	MEDI-CAL SERVICES		RES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	P	AGE 9,257
MOP024	FEE-FOR-SERVICE/I								01/17/03
PLACER COUNTY	SUMMARY OF SERVIC	ES FOR 35 MN -	LTNG	- BLIND	AID CO	DDE			

----- MONTHLY AVERAGE -----24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 26 2,045 \$ 111,154.32 \$ 54.35 85.208 \$ 4275.17 \$ 4631.43 @PHYSICIANS SERVICES 2 35.35 17.68 .083 \$ 17.68 \$ 1.47 OUTPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 .000 HOME VISITS 0 .00 .00 .000 .00 0 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	2								
OTHER SERVICES/ALL X-OVERS	2.5			35.35	Ċ	17.68	.083	17.68		1.47
@PHARMACY	25	1,182 \$	•	11,034.76	\$	9.34	49.250			459.78
PRESCRIPTION DRUGS	25	168		10,436.50		62.12	7.000	417.46		434.85
SNF/ICF	14	51		1,623.62		31.84	2.125	115.97		67.65
OUTPATIENTS	12	117		8,812.88		75.32	4.875	734.41		367.20
MEDICAL SUPPLIES	4	1,014		598.26	_	.59	42.250	149.57		24.93
@DENTIST	0	0 \$	5	.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON'		EPORT	FOR JAN 2				PAGE 9,258
MOP024	FEE-FOR-SERVICE									01/17/03
PLACER COUNTY		ICES FOR 35 MN - I	TNG	- BLIND		AID CC	DE			01/1//00
1211021. 0001.11	SOLUTION OF SELL	1020 1011 00 111.		552115		1112 00	MO	NTHLY AVER	AGE.	
24 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AME	RAGE COST	UNITS/DAYS			COST PER
21 111011110	OBLINE	OR DAYS OF CARE		EM ENDITORED		R UNIT/DAY		USER	•	ELIGIBLE
@OPTOMETRIST	0	0 S	:	.00	Ś	.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	Ψ	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
	0	0 0 \$.00	\$.00		.00 \$.00		.00
@CHIROPRACTOR	0	· · ·	•		Ą					
VISITS	0	0		.00		.00	.000	.00		.00

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

OTHER

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NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	37	\$	1,766.78	\$	47.75	1.542	\$ 5	588.93	\$	73.62
HOSP INPATIENT TOTAL	2	24	•	1,624.00	·	67.67	1.000		312.00	·	67.67
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	24		1,624.00		67.67	1.000	8	812.00		67.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	13		142.78		10.98	.542		71.39		5.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	13		142.78		10.98	.542		71.39		5.95
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	URES I	MONTH-OF-PAYMENT R	EPOR	r for jan 2	2002 THRU	DEC 20)02	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	35 MN	- LTI	NG - BLIND		AID CC	DDE				

----- MONTHLY AVERAGE -----24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 37 1,766.78 \$ 47.75 1.542 \$ 588.93 \$ 73.62 COMM HOSP INPATIENT TOTAL 24 1,624.00 67.67 1.000 812.00 67.67 .00 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 24 1,624.00 67.67 1.000 812.00 67.67 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	2	13	142.78	10.98	.542	71.39	5.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	13	142.78	10.98	.542	71.39	5.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	14	414	\$ 38,141.16	\$ 92.13	17.250	\$ 2724.37	\$ 1589.22
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	414	38,141.16	92.13	17.250	2724.37	1589.22
@INTERMEDIATE CARE FACILDD	12	359	\$ 58 , 938.76	\$ 164.17	14.958	\$ 4911.56	\$ 2455.78
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	359	58,938.76	164.17	14.958	4911.56	2455.78
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$.00	\$.00	.125	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

2 3 .00 .00 .125 .00 .00 SURGICENTER .00 .000 .00 .00 HEROIN DETOX CLINIC .00 .00 .00 .000 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,260 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

MONTHLY AVERAG	E
24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@ALL OTHER PROVIDERS 11 48 \$ 1,237.51 \$ 25.78 2.000 \$ 112.50	\$ 51.56
DURABLE MED. EQUIP. 6 29 388.00 13.38 1.208 64.67	16.17
BLOOD BANK 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00	.00
OTHER TRANS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 .00 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 7 19 849.51 44.71 .792 121.36	35.40
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 6 15 \$ 1,841.60 \$ 122.77 .625 \$ 306.93	\$ 76.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,261
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MON	NTHLY AVERA	GE -	
873 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	918	72 , 657	\$	4,255,390.20	\$ 58.57	83.227	4635.50	\$	4874.44
@PHYSICIANS SERVICES	203	931	\$	34,487.13	\$ 37.04	1.066	169.89	\$	39.50
OUTPATIENT VISITS	33	62		2,695.89	43.48	.071	81.69		3.09
OFFICE VISITS	20	28		1,085.60	38.77	.032	54.28		1.24
HOME VISITS	14	22		754.60	34.30	.025	53.90		.86
EMERGENCY ROOM	9	12		855.69	71.31	.014	95.08		.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	49	252		11,748.94	46.62	.289	239.77	13.46	
HOSPITAL VISITS	20	188		8,392.43	44.64	.215	419.62	9.61	
CRITICAL CARE	- 6	14		1,639.70	117.12	.016	273.28	1.88	
SNF/ICF/TRANS IP CARE	32	50		1,716.81	34.34	.057	53.65	1.97	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	15	103		9,656.52	93.75	.118	643.77	11.06	
PRINCIPAL SURGEON	9	26		7,441.09	286.20	.030	826.79	8.52	
ASSISTANT SURGEON	2	3		458.59	152.86	.003	229.30	.53	
ANESTHESIOLOGIST	8	74		1,756.84	23.74	.085	219.61	2.01	
OUTPATIENT SURGERY	10	42		1,268.77	30.21	.048	126.88	1.45	
		4		293.08	73.27	.005	73.27	.34	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	7	38		975.69	25.68	.044	139.38	1.12	
DIALYSIS	1	1		153.36	153.36	.001	153.36	.18	
PATHOLOGY	1	4		63.06	15.77	.001	15.77	.10	
RADIOLOGY	21	130		3,448.12	26.52	.149	164.20	3.95	
PSYCHIATRY	4 0 7 1 4 21	130		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	132	337		5,452.47	16.18	.386	41.31	6.25	
	764	41,361 \$	4		\$ 8.21	47.378 \$			
@PHARMACY	753	•	?	339,569.98 316,757.26					
PRESCRIPTION DRUGS	582	4,680			67.68	5.361 4.454	420.66	362.84	
SNF/ICF	582 182	3,888 792		249,545.38	64.18 84.86	.907	428.77 369.30	285.85 76.99	
OUTPATIENTS	130			67,211.88					
MEDICAL SUPPLIES	93	36,681 372	4	22,812.72	.62	42.017	175.48	26.13	
@DENTIST		~ · - '	?	•	\$ 41.39	.426 \$		•	
VISITS - DIAGNOSTIC	85	284		4,817.00	16.96	.325	56.67	5.52	
ORAL SURGERY	11	24		882.00	36.75	.027	80.18	1.01	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	14	27		5,255.00	194.63	.031	375.36	6.02	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	12	27		1,608.00	59.56	.031	134.00	1.84	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	6	10		2,835.00	283.50	.011	472.50	3.25	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONTE	H-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,262	
MOP024	FEE-FOR-SERVICE	DENTAL						01/17/03	
PLACER COUNTY	SUMMARY OF SERVI	ICES FOR 36 MN - I	LTNG -	DISABLED	AID CO	DDE			
								GE	
873 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE	
@OPTOMETRIST	26	68 \$	\$	1,270.41	\$ 18.68	.078 \$			
DIACNOCRIC AND AND DROCED	7	7		222 15	17 15	000	17 15	2.0	

DIAGNOSTIC AND ANC. PROCED 7 7 332.15 47.45 .008 47.45 .38 EYE APPLIANCES 17 48 784.16 16.34 .055 46.13 .90 .015 .18 OTHER OPTOMETRIC SERVICES 6 13 154.10 11.85 25.68 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 0 VISITS 0 .00 .00 .000 .00 .00 0 0 OTHER SERVICES .00 .00 .000 .00 .00 51 47 \$ 488.65 .058 \$.56 @PODIATRIST \$ 9.58 10.40 \$

MEDICINE/INJECTIONS	1	1	51.00	51.00	.001	51.00		.06
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	46	50	437.65	8.75	.057	9.51		.50
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000			.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		•	.00
@TOTAL HOSPITAL	60	815 \$	455,047.90	\$ 558.34		7584.13		1.25
HOSP INPATIENT TOTAL	19	477	447,439.32	938.03	.546	23549.44		2.53
HSC HOSPITALS	5	164	195,071.00	1189.46	.188	39014.20		3.45
NON-HSC HOSPITAL TOTAL	9	201	237,342.58	1180.81	.230	26371.40		1.87
ACCOMMODATIONS	9	201	84,413.20	419.97	.230	9379.24		1.67
ACCOMMODATIONS ADMINISTRATIVE DAYS	5	129	29,837.70	231.30	.148	5967.54		4.18
	0	0	.00	.00	.000	.00	3	
TRANSITIONAL IP CARE	U	72					_	.00
ALL OTHER ACCOM	9	0	54,575.50	757.99	.082	10915.10		2.51
ANCILLARIES	6		152,929.38	.00	.000	16992.15		5.18
INPATIENT CROSSOVERS		112	15,025.74	134.16	.128	2504.29	1	7.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	44	338	7,608.58	22.51	.387	172.92		8.72
MEDICAL	4	7	236.36	33.77	.008	59.09		.27
SURGERY	3	3	157.18	52.39	.003	52.39		.18
PATHOLOGY	12	132	1,408.36	10.67	.151	117.36		1.61
RADIOLOGY	6	10	1,154.95	115.50	.011	192.49		1.32
ROOM USE	9	14	642.43	45.89	.016	71.38		.74
CROSSOVERS/ALL OTH OUTPTNT	33	172	4,009.30	23.31	.197	121.49		4.59
@COUNTY HOSPITAL TOTAL	1	41 \$	55,432.00	\$ 1352.00		\$ 55432.00		3.50
CO HOSPITAL INPATIENT TOTAL	1	41	55,432.00	1352.00	.047	55432.00		3.50
HSC HOSPITALS	1	41	55,432.00	1352.00	.047	55432.00	6	3.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE	9,263
MOP024	FEE-FOR-SERVICE							/17/03
PLACER COUNTY		ICES FOR 36 MN - LTNG	- DISABLED	AID CO	ODE			
					MON	NTHLY AVERA	GE	
873 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				' PER
*** ======		OR DAYS OF CARE		PER UNIT/DAY		USER		IBLE
@COMMUNITY HOSPITAL TOTAL	59	774 \$	399,615.90	\$ 516.30		\$ 6773.15		7.75
COMM HOSP INPATIENT TOTAL	18	436	392,007.32	899.10	.499	21778.18	•	9.03
HSC HOSPITALS	4	123	139,639.00	1135.28	.141	34909.75		9.95
NON-HSC HOSPITALS TOTAL	9	201	237,342.58	1180.81	.230	26371.40		1.87
ACCOMMODATIONS	9	201	84,413.20	419.97	.230	9379.24		6.69
		201	0 1 1 1 1 0 0 2 0	11000	• 2 0 0	J		~ · ~ /

ADMINISTRATIVE DAYS	5	129		29,837.70		231.30	.148		5967.54		34.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	72		54 , 575.50		757.99	.082		10915.10		62.51
ANCILLARIES	9	0		152,929.38		.00	.000		16992.15		175.18
INPATIENT CROSSOVERS	6	112		15,025.74		134.16	.128		2504.29		17.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	44	338		7,608.58		22.51	.387		172.92		8.72
MEDICAL	4	7		236.36		33.77	.008		59.09		.27
SURGERY	3	3		157.18		52.39	.003		52.39		.18
PATHOLOGY	12	132		1,408.36		10.67	.151		117.36		1.61
RADIOLOGY	6	10		1,154.95		115.50	.011		192.49		1.32
ROOM USE	9	14		642.43		45.89	.016		71.38		.74
CROSSOVERS/ALL OTH OUTPTNT	33	172		4,009.30		23.31	.197		121.49		4.59
@STATE HOSPITAL	12	365	\$	160,256.90	\$	439.06	.418	\$	13354.74	\$	183.57
MENTALLY ILL	0	0	·	.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	365		160,256.90		439.06	.418		13354.74		183.57
@NURSING FACILITY	435	14,196	\$	1,539,911.09	Ś	108.47			3540.03	Ś	
LEV A-INTERMEDIATE	50	1,721	-T	82,073.25	4	47.69	1.971	- 1	1641.47	т.	94.01
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
		433		211,471.14		488.39	.496		23496.79		242.23
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGILAR	378	12,042		1,246,366.70		103.50	13.794		3297.27		1427.68
GINTERMEDIATE CARE FACTIDD	370	10,240	\$	1,556,481.60	Ġ	152.00		Ċ	4716.61	Ś	
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	130	4,095	Y	546,760.79	٧	133.52	4.691	Y	4205.85	Y	626.30
ICE DD	130	4,095		.00		.00	.000		.00		.00
ICE DDN/DDCN	200	6 , 145		1,009,720.81		164.32	7.039		5048.60		1156.61
AUEMODIALVETE TOTAL	200	6	\$	2,621.69	\$	436.95	.007	ċ		Ċ	3.00
UCCDIMAL DACED	4	0	Ą	.00	Ą	.00	.000	۲	.00	ې	.00
HEMODIALYCIC CENTED	0	6		2,621.69		436.95	.007		655.42		3.00
REMODIALISIS CENTER	4	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
UCCDIMAL DAGED	0	0	Ą	.00	Ą	.00	.000	ې	.00	Ş	.00
HUSPITAL BASED	0	0									
INDEPENDENT FACILITY	0	-	Ċ	.00	Ċ	.00	.000	ċ	.00	Ċ	.00
HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY PATHOLOGY	24	151	\$	1,762.40	\$	11.67	.173	Ş	73.43	Ş	2.02
	23	150		1,756.15		11.71	.172		76.35		2.01
XO AND OTHERS	1	1	<u> </u>	6.25	<u> </u>	6.25	.001	<u>^</u>	6.25	<u> </u>	.01
@ORGANIZED OUTPATIENT CLINIC	29	146	\$	16,716.20	\$	114.49	.167	Ş	576.42	Ş	19.15
CLINIC	0 17	0		.00		.00	.000		.00		.00
SURGICENTER		66		2,345.12		35.53	.076		137.95		2.69
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	80		14,371.08		179.64	.092		1197.59		16.46
#CALIF DEPT OF HEALTH SERV			res m	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 9,264
MOP024	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE										
							M				
873 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		CRAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	369	3,955	\$	131,379.25	\$		4.530	Ş	356.04	Ş	150.49
DURABLE MED. EQUIP.	111	627		86,732.53		138.33	.718		781.37		99.35

	MONITHE AVE							LUD.	
873 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	369	3 , 955	\$	131,379.25	\$ 33.22	4.530	\$ 356.04	\$	150.49
DURABLE MED. EQUIP.	111	627		86,732.53	138.33	.718	781.37		99.35
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	2		1,156.43	578.22	.002	1156.43		1.32
MEDICAL TRANSPORTATION	74	2,429		10,167.58	4.19	2.782	137.40		11.65
AMBULANCES/AIR TRANS	11	502		3,083.59	6.14	.575	280.33		3.53
OTHER TRANS	64	1,927		7,083.99	3.68	2.207	110.69		8.11
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.033	86.07	.20
OPTICIAN	17	35	473.63	13.53	.040	27.86	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	76.66	25.55	.003	76.66	.09
PROSTHETIST/ORTHOTISTS	3	7	400.60	57.23	.008	133.53	.46
PROSTHETICS	3	7	400.60	57.23	.008	133.53	.46
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	58.00	14.50	.005	14.50	.07
SPEECH AND AUDIOLOGY	223	743	29,957.49	40.32	.851	134.34	34.32
HOSPICE SERVICES	2	10	1,004.76	100.48	.011	502.38	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	27	66	1,179.44	17.87	.076	43.68	1.35
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	253	16,175	\$ 49,031.42	\$ 3.03	18.528	\$ 193.80	\$ 56.16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 9,265
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
	0	0	.00		.000	.00		.00
EXAMINATIONS	0	0		.00		.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000			.00
INPATIENT HOSPITAL SURGERY	•	•	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	U	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	U	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	U	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT F	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	E 9,266
MOP024	FEE-FOR-SERVICE							01/17/03
PLACER COUNTY	,	CES FOR 37 MN - LT	NG - FAMILIES	DISCONT	ΓIN			, , ,
			-		MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
	•	ŭ	.00	• • •		• • •		

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	S	.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	7	.00	т	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00			.000	.00	.00
	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0				.00			
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL		0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT RI	EPORT FO	R JAN :	2002 THRU DEC	2002	PAGE 9,267
MOP024	FEE-FOR-SERVICE	J/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	- LTNG	- FAMILIES]	DISCON'	TIN		
							MONTH	ILY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGI	E COST	UNITS/DAYS C	COST PER	COST PER

		OR DAYS OF CARE			Ε	PER UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.0			.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	·	.0	00	.00	.000	·	.00		.00
HSC HOSPITALS	0	0			0.0	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.0		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.0		.00	.000		.00		.00
ANCILLARIES	0	0		.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.0			.000		.00		
	0	0				.00					.00
COMM HOSP OUTPATIENT TOTAL	0	0		.0		.00	.000		.00		.00
MEDICAL	0	· · · · · · · · · · · · · · · · · · ·		.0		.00	.000		.00		.00
SURGERY	U	0		.0		.00	.000		.00		.00
PATHOLOGY	0	0		.0		.00	.000		.00		.00
RADIOLOGY	0	0		.0		.00	.000		.00		.00
ROOM USE	0	0		.0		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.0		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.0		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.0	0.0	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.0	0.0	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.0	00 \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.0	0.0	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.0	0.0	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0	0.0	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0	0.0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0.0	.00	.000		.00		.00
LEV B-REGULAR	0	0		.0	0.0	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.0			.000	\$.00	\$.00
ICF DDH	0	0	·	.0		.00	.000	·	.00		.00
ICF DD	0	0		.0		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.0		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0			.000	\$.00	\$.00
HOSPITAL BASED	0	0	т.	.0		.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.0		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.0			.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.0		.00	.000	٧	.00	Υ	.00
INDEPENDENT FACILITY	0	0		.0		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.0			.000	\$.00	\$.00
PATHOLOGY	0	0	Ÿ	.0		.00	.000	Y	.00	Y	.00
	0	0				.00	.000				
XO AND OTHERS	0	0	\$)0)0 \$.000	ċ	.00	ċ	.00
@ORGANIZED OUTPATIENT CLINIC	0	-	Ą	.0				\$.00	\$.00
CLINIC	0	0		.0		.00	.000				.00
SURGICENTER	0	0		.0		.00	.000		.00		.00
HEROIN DETOX CLINIC	· ·	0		.0		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.0		.00			.00		.00
#CALIF DEPT OF HEALTH SERV			RES MOI	NTH-OF-PAYMENT	r repo	ORT FOR JAN 2	002 THRU	DEC	2002	PA	
	FEE-FOR-SERVICE										01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES							
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE							
		OR DAYS OF CARE				PER UNIT/DAY					
@ALL OTHER PROVIDERS	0	0	\$.00	.000			\$.00
DURABLE MED. EQUIP.	0	0			0 0	.00	.000		.00		.00
BLOOD BANK	0	0		.0	0.0	.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
0* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE I	NFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY INCLUDE	D IN THE APPROPE	TATE DETATE LIN	ES ABOVE.				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,269 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

I DACDI COUNTI	DOMINANT OF DEIN	VICES FOR SO MEDICAL	THE NEEDE TING				
					MON	THLY AVERA	GE
7,860 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,727	345,719 \$	23,691,401.49	\$ 68.53	43.985 \$	3066.05	\$ 3014.17
@PHYSICIANS SERVICES	755	1,828 \$	47,540.75	\$ 26.01	.233 \$	62.97	\$ 6.05
OUTPATIENT VISITS	36	65	2,832.38	43.58	.008	78.68	.36
OFFICE VISITS	21	29	1,132.80	39.06	.004	53.94	.14
HOME VISITS	14	22	754.60	34.30	.003	53.90	.10
EMERGENCY ROOM	10	13	924.04	71.08	.002	92.40	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.000	20.94	.00
INPATIENT VISITS	55	255	11,855.90	46.49	.032	215.56	1.51
HOSPITAL VISITS	20	188	8,392.43	44.64	.024	419.62	1.07
CRITICAL CARE	6	14	1,639.70	117.12	.002	273.28	.21
SNF/ICF/TRANS IP CARE	38	53	1,823.77	34.41	.007	47.99	.23
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	108	9,789.90	90.65	.014	611.87	1.25
PRINCIPAL SURGEON	9	26	7,441.09	286.20	.003	826.79	.95
ASSISTANT SURGEON	2	3	458.59	152.86	.000	229.30	.06
ANESTHESIOLOGIST	9	79	1,890.22	23.93	.010	210.02	.24

OUTPATIENT SURGERY	10	42	1,268.77	,	30.21	.005	126.88		.16
PRINCIPAL SURGEON	4	4	293.08	}	73.27	.001	73.27		.04
ASSISTANT SURGEON	0	0	.00)	.00	.000	.00		.00
ANESTHESIOLOGIST	7	38	975.69)	25.68	.005	139.38		.12
DIALYSIS	1	1	153.36)	153.36	.000	153.36		.02
PATHOLOGY	5	5	67.78	}	13.56	.001	13.56		.01
RADIOLOGY	23	132	3,488.52		26.43	.017	151.67		. 44
PSYCHIATRY	0	0	.00)	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00)	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	673	1,220	18,084.14	ļ	14.82	.155	26.87		2.30
@PHARMACY	6,244	86,097 \$	1,702,282.94	\$	19.77	10.954	\$ 272.63	\$	216.58
PRESCRIPTION DRUGS	6,218	35,119	1,645,833.41		46.86	4.468	264.69		209.39
SNF/ICF	5,568	31,808	1,484,419.31		46.67	4.047	266.60		188.86
OUTPATIENTS	844	3,311	161,414.10)	48.75	.421	191.25		20.54
MEDICAL SUPPLIES	600	50 , 978	56,449.53	3	1.11	6.486	94.08		7.18
@DENTIST	618	1,356 \$	61,187.25	\$	45.12	.173	\$ 99.01	\$	7.78
VISITS - DIAGNOSTIC	541	1,078	21,755.50)	20.18	.137	40.21		2.77
ORAL SURGERY	42	71	2,837.00)	39.96	.009	67.55		.36
DRUGS	0	0	.00)	.00	.000	.00		.00
ANESTHESIA	0	0	.00)	.00	.000	.00		.00
PERIODONTICS	19	35	5,855.00)	167.29	.004	308.16		.74
ENDODONTICS	2	4	590.00)	147.50	.001	295.00		.08
RESTORATIVE DENTISTRY	19	36	2,086.00)	57.94	.005	109.79		.27
PROSTHETICS	1	1	30.00)	30.00	.000	30.00		.00
DENTURES, STAYPLATES	77	128	27 , 958.75	·)	218.43	.016	363.10		3.56
SPACE MAINTAINERS	0	0	.00)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00)	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00)	.00	.000	.00		.00
ALL OTHER SERVICES	2	3	75.00)	25.00	.000	37.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PP	AGE 9,270
MOP024	FEE-FOR-SERVICE/DENTA	L							01/17/03

							M	INO	HLY AVERA	GE.	
7,860 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
·		OR DAYS OF CARE	1		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	120	266	\$	5,520.49	\$	20.75	.034	\$	46.00	\$.70
DIAGNOSTIC AND ANC. PROCED	30	30		1,388.00		46.27	.004		46.27		.18
EYE APPLIANCES	80	208		3,665.54		17.62	.026		45.82		.47
OTHER OPTOMETRIC SERVICES	18	28		466.95		16.68	.004		25.94		.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00		.00	.000		.00	·	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	653	743	\$	8,189.32	\$	11.02	.095	Ś	12.54	Ś	1.04
MEDICINE/INJECTIONS	1	1	'	51.00	'	51.00	.000		51.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	652	742		8,138.32		10.97	.094		12.48		1.04
@HOME HEALTH AGENCY	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	1	4	\$	4.51	\$	1.13		\$	4.51	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	159	1,513	Ś	489,264.84	\$	323.37		\$	3077.14		62.25
HOSP INPATIENT TOTAL	55	671	٧	472,523.17	Ψ	704.21	.085	Ψ	8591.33	Ψ	60.12
HSC HOSPITALS	5	164		195,071.00		1189.46	.021		39014.20		24.82
NON-HSC HOSPITAL TOTAL	9	201		237,342.58		1180.81	.026		26371.40		30.20
ACCOMMODATIONS	9	201		84,413.20		419.97	.026		9379.24		10.74
ACCOMMODATIONS ADMINISTRATIVE DAYS	5	129		29,837.70		231.30	.016		5967.54		3.80
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	72		54 , 575.50		757.99	.009		10915.10		6.94
ANCILLARIES	9	0		152,929.38		.00	.009		16992.15		19.46
INPATIENT CROSSOVERS	42	306		40,109.59		131.08	.039		954.99		5.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	109	842		16,741.67		19.88	.107		153.59		2.13
MEDICAL	4	7		236.36		33.77	.001		59.09		.03
SURGERY	3	3		157.18		52.39	.000		52.39		.03
PATHOLOGY	12	132		1,408.36		10.67	.017		117.36		.18
	6	10		1,154.95		115.50	.001		192.49		.15
RADIOLOGY	9	14		642.43		45.89	.001		71.38		.08
ROOM USE CROSSOVERS/ALL OTH OUTPINT	98	676		13,142.39		19.44	.002		134.11		1.67
@COUNTY HOSPITAL TOTAL	2	42	\$	55,479.00	ċ	1320.93		ċ	27739.50	ċ	7.06
CO HOSPITAL INPATIENT TOTAL	1	42	ş	55,432.00	Ş	1352.00	.005		55432.00	Ą	7.05
HSC HOSPITALS	1	41		55,432.00		1352.00	.005		55432.00		7.05
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0							.00		
	0	0		.00		.00	.000				.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0									
ANCILLARIES				.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		47.00		47.00	.000		47.00		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	•		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

----- MONTHLY AVERAGE ------

| MARCH | PRINCIPLE | SERVICE | SERV MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG 01/17/03

					MO	NTHLY AVERA	GE
7,860 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,228	29,626 \$	373,612.27	\$ 12.61	3.769	\$ 304.24	\$ 47.53
DURABLE MED. EQUIP.	289	1,957	160,686.27	82.11	.249	556.01	20.44
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	2,687.31	298.59	.001	447.89	.34
MEDICAL TRANSPORTATION	556	17,981	68,790.28	3.83	2.288	123.72	8.75
AMBULANCES/AIR TRANS	28	592	5,013.78	8.47	.075	179.06	.64
OTHER TRANS	519	17,272	62,975.50	3.65	2.197	121.34	8.01
OTHER SERVICES	14	117	801.00	6.85	.015	57.21	.10
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.004	86.07	.02
OPTICIAN	86	175	2,261.33	12.92	.022	26.29	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	18	40	293.43	7.34	.005	16.30	.04
PROSTHETIST/ORTHOTISTS	6	11	511.00	46.45	.001	85.17	.07
PROSTHETICS	6	11	511.00	46.45	.001	85.17	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	18	18	313.97	17.44	.002	17.44	.04
SPEECH AND AUDIOLOGY	281	835	39,746.10	47.60	.106	141.45	5.06
HOSPICE SERVICES	36	937	93,464.48	99.75	.119	2596.24	11.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	7,634	4,685.97	.61	.971	57.15	.60
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	1,819	30,854 \$	243,924.88	\$ 7.91	3.925	\$ 134.10	\$ 31.03
0* TOTALS IN THESE LINES ARE GIV	'EN AS A SEPAR <i>A</i>	TE INFORMATION ITE	M ONLY;				
THE AMOUNTS ARE ALREADY INCLU	DED IN THE APE	PROPRIATE DETAIL LI	NES ABOVE.				
** THESE DATA ARE INCLUDED IN T	HE APPROPRIATE	DETAIL LINES ABOV	E.				

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,273
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					MOI	THLY AVERA	GE	
11,415 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,886	347,234	\$ 21,027,890.32	\$ 60.56	30.419	2127.04	\$	1842.13
@PHYSICIANS SERVICES	1,102	2,343	\$ 53,127.99	\$ 22.68	.205	48.21	\$	4.65
OUTPATIENT VISITS	125	158	5,666.29	35.86	.014	45.33		.50
OFFICE VISITS	112	142	4,835.05	34.05	.012	43.17		.42
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	12	12	733.66	61.14	.001	61.14		.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	4	4	97.58	24.40	.000	24.40		.01
INPATIENT VISITS	19	52	2,232.36	42.93	.005	117.49		.20
HOSPITAL VISITS	11	41	1,886.00	46.00	.004	171.45		.17
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	8	11	346.36	31.49	.001	43.30		.03
OPHTHALMOLOGICAL SERVICES	11	12	450.15	37.51	.001	40.92		.04

EXAMINATIONS	11	12	450.15	37.51	.001	40.92	.04
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	4.3	3,758.90		.004	536.99	.33
PRINCIPAL SURGEON	3	3	2,570.31			856.77	.23
ASSISTANT SURGEON	1	1	297.84		.000	297.84	.03
ANESTHESIOLOGIST	4	39	890.75		.003	222.69	.08
OUTPATIENT SURGERY	22	57	7,430.49		.005	337.75	.65
PRINCIPAL SURGEON	15	15	6,249.61		.001	416.64	.55
ASSISTANT SURGEON	0	0	.00			.00	.00
ANESTHESIOLOGIST	9	42	1,180.88		.004	131.21	.10
DIALYSIS	1	1	225.04		.000	225.04	.02
PATHOLOGY	14	17	370.07	21.77	.001	26.43	.03
RADIOLOGY	65	113	4,342.14		.010	66.80	.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	16	98.14	6.13	.001	12.27	.01
OTHER SERVICES/ALL X-OVERS	934	1,874	28,554.41	15.24	.164	30.57	2.50
@PHARMACY	7,974		\$ 1,923,978.08	3 \$ 23.41	7.199	241.28	\$ 168.55
PRESCRIPTION DRUGS	7,932	39,874	1,877,557.38		3.493	236.71	164.48
SNF/ICF	5 , 165	28 , 805	1,272,823.90	44.19	2.523	246.43	111.50
OUTPATIENTS	2,971	11,069	604,733.48	54.63	.970	203.55	52.98
MEDICAL SUPPLIES	603	42,303	46,420.70	1.10	3.706	76.98	4.07
@DENTIST	818	2,209	\$ 100,589.95	\$ 45.54	.194	122.97	\$ 8.81
VISITS - DIAGNOSTIC	642	1,488	26,290.20	17.67	.130	40.95	2.30
ORAL SURGERY	58	131	5,676.00	43.33	.011	97.86	.50
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	1	2	200.00		.000	200.00	.02
PERIODONTICS	11	14	1,400.00		.001	127.27	.12
ENDODONTICS	22	36	6,545.00		.003	297.50	.57
RESTORATIVE DENTISTRY	99	192	18,821.00		.017	190.11	1.65
PROSTHETICS	5	6	180.00		.001	36.00	.02
DENTURES, STAYPLATES	131	329	41,402.75		.029	316.05	3.63
SPACE MAINTAINERS	0	0	.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	10	11	75.00		.001	7.50	.01
#CALIF DEPT OF HEALTH SERV		-	S MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 9,274
MOP024	FEE-FOR-SERVICE						01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 39 MEDIC	ALLY NEEDY - AGED				
							GE
11,415 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER

						,			-	
USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
164	375	\$	7,970.64	\$	21.26	.033	\$	48.60	\$.70
45	45		2,080.11		46.22	.004		46.22		.18
109	285		5,059.96		17.75	.025		46.42		.44
30	45		830.57		18.46	.004		27.69		.07
1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.00
0	0		.00		.00	.000		.00		.00
1	1		16.72		16.72	.000		16.72		.00
630	724	\$	8,024.63	\$	11.08	.063	\$	12.74	\$.70
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
630	724		8,024.63		11.08	.063		12.74		.70
4	32	\$	2,104.60	\$	65.77	.003	\$	526.15	\$.18
2	8	\$	19.18	\$	2.40	.001	\$	9.59	\$.00
	45 109 30 1 0 1 630 0 0	OR DAYS OF CARE 164 375 45 45 109 285 30 45 1 1 0 0 1 1 630 724 0 0 0 0 0 0 630 724 4 32	OR DAYS OF CARE 164 375 \$ 45 45 109 285 30 45 1 1 \$ 0 0 1 1 1 630 724 \$ 0 0 0 0 0 0 630 724 4 32 \$	OR DAYS OF CARE 164 375 \$ 7,970.64 45 45 2,080.11 109 285 5,059.96 30 45 830.57 1 1 1 \$ 16.72 0 0 0 .00 1 1 1 1 16.72 630 724 \$ 8,024.63 0 0 0 .00 0 0 0 .00 630 724 8,024.63 4 32 \$ 2,104.60	OR DAYS OF CARE 164 375 45 45 45 2,080.11 109 285 5,059.96 30 45 830.57 1 1 1 1 1 1 1 16.72 0 0 0 0 1 1 1 1 16.72 630 724 \$ 8,024.63 \$ 0 0 0 0 0 0 0 0 0 0 0 630 724 8,024.63 4 32 \$ 2,104.60 \$	OR DAYS OF CARE 164 375 45 45 45 2,080.11 46.22 109 285 5,059.96 17.75 30 45 830.57 18.46 1 1 1 5 16.72 0 0 0 0 1 1 1 1 16.72 16.72 630 724 \$ 8,024.63 \$ 11.08 0 0 0 0 0 0 0 0 0 0 0 0 0 630 724 8,024.63 11.08 4 32 \$ 2,104.60 \$ 65.77	OR DAYS OF CARE PER UNIT/DAY PER ELIG 164 375 \$ 7,970.64 \$ 21.26 .033 45 45 2,080.11 46.22 .004 109 285 5,059.96 17.75 .025 30 45 830.57 18.46 .004 1 1 \$ 16.72 \$ 16.72 .000 0 0 .00 .00 .000 .000 630 724 \$ 8,024.63 \$ 11.08 .063 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0<	OR DAYS OF CARE PER UNIT/DAY PER ELIG 164 375 \$ 7,970.64 \$ 21.26 .033 \$ 45 45 2,080.11 46.22 .004 109 285 5,059.96 17.75 .025 30 45 830.57 18.46 .004 1 1 \$ 16.72 \$ 16.72 .000 \$ 0 0 .00 .00 .000 .000 .000 \$ 630 724 \$ 8,024.63 \$ 11.08 .063 \$ 0 0 .00 .00 .00 .000 <t< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 164 375 \$ 7,970.64 \$ 21.26 .033 \$ 48.60 45 45 2,080.11 46.22 .004 46.22 109 285 5,059.96 17.75 .025 46.42 30 45 830.57 18.46 .004 27.69 1 1 \$ 16.72 \$ 16.72 .000 \$ 16.72 0 0 .00 .00 .00 .00 .00 1 1 16.72 16.72 .000 16.72 .000 .00</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 164 375 \$ 7,970.64 \$ 21.26 .033 \$ 48.60 \$ 45 45 2,080.11 46.22 .004 46.22 .004 46.22 .004 46.22 .004 46.22 .000 46.42 .005 46.42 .005 46.42 .000 .00 <</td></t<>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 164 375 \$ 7,970.64 \$ 21.26 .033 \$ 48.60 45 45 2,080.11 46.22 .004 46.22 109 285 5,059.96 17.75 .025 46.42 30 45 830.57 18.46 .004 27.69 1 1 \$ 16.72 \$ 16.72 .000 \$ 16.72 0 0 .00 .00 .00 .00 .00 1 1 16.72 16.72 .000 16.72 .000 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 164 375 \$ 7,970.64 \$ 21.26 .033 \$ 48.60 \$ 45 45 2,080.11 46.22 .004 46.22 .004 46.22 .004 46.22 .004 46.22 .000 46.42 .005 46.42 .005 46.42 .000 .00 <

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	261	1,665	\$ 98,012.28	\$ 58.87	.146	\$ 375.53	\$ 8.59
HOSP INPATIENT TOTAL	56	254	66,108.25	260.27	.022	1180.50	5.79
HSC HOSPITALS	7	30	33,065.00	1102.17	.003	4723.57	2.90
NON-HSC HOSPITAL TOTAL	0	0	21.05CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	21.05CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	21.05CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	49	224	33,064.30	147.61	.020	674.78	2.90
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	209	1,411	31,904.03	22.61	.124	152.65	2.79
MEDICAL	11	14	512.25	36.59	.001	46.57	.04
SURGERY	9	9	950.16	105.57	.001	105.57	.08
PATHOLOGY	15	68	751.60	11.05	.006	50.11	.07
RADIOLOGY	11	21	1,936.48	92.21	.002	176.04	.17
ROOM USE	21	25	1,561.06	62.44	.002	74.34	.14
CROSSOVERS/ALL OTH OUTPINT	178	1,274	26,192.48	20.56	.112	147.15	2.29
@COUNTY HOSPITAL TOTAL	2	4	\$ 101.71	\$ 25.43	.000	\$ 50.86	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	4	101.71	25.43	.000	50.86		.01
MEDICAL	1	1	10.25	10.25	.000	10.25		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	1	1	18.48	18.48	.000	18.48		.00
ROOM USE	1	1	25.39	25.39	.000	25.39		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	47.59	47.59	.000	47.59		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DE	C 2002	PAGE	9,275
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 39 MEDICAI	LY NEEDY - AGED					
					14017	m	· -	

PLACER COUNTY	SUMMARY OF SER	VICES FOR 39 MEDI	CALLY	NEEDY - AGED					
						MO	NTHLY AVERA	GE	
11,415 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	259	1,661	\$	97,910.57	\$ 58.95	.146		\$	8.58
COMM HOSP INPATIENT TOTAL	56	254		66,108.25	260.27	.022	1180.50		5.79
HSC HOSPITALS	7	30		33,065.00	1102.17	.003	4723.57		2.90
NON-HSC HOSPITALS TOTAL	0	0		21.05CR		.000	.00		.00
ACCOMMODATIONS	0	0		21.05CR		.000	.00		.00
ADMINISTRATIVE DAYS	0	0		21.05CR	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	49	224		33,064.30	147.61	.020	674.78		2.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	207	1,407		31,802.32	22.60	.123	153.63		2.79
MEDICAL	10	13		502.00	38.62	.001	50.20		.04
SURGERY	9	9		950.16	105.57	.001	105.57		.08
PATHOLOGY	15	68		751.60	11.05	.006	50.11		.07
RADIOLOGY	10	20		1,918.00	95.90	.002	191.80		.17
ROOM USE	20	24		1,535.67	63.99	.002	76.78		.13
CROSSOVERS/ALL OTH OUTPTNT	177	1,273		26,144.89	20.54	.112	147.71		2.29
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	6,266	203,942	\$		\$ 89.97	17.866		\$	1607.35
LEV A-INTERMEDIATE	406	13,414		607,900.64	45.32	1.175	1497.29		53.25
LEV B-REHAB MD	25	735		70,183.65	95.49	.064	2807.35		6.15
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	11	722		322,382.94	446.51	.063	29307.54		28.24
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	5,835	189,071		17,347,426.12	91.75	16.563	2973.00		1519.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		Ś	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	56	267	\$	45,932.00	\$ 172.03	.023		\$	4.02
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	56	267		45,932.00	172.03	.023	820.21		4.02
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0	7	.00	.00	.000	.00	-	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	80	386	\$	3 , 513.27	\$ 9.10	.034		\$.31
PATHOLOGY	78	319	۲	3,509.96	11.00	.028	45.00	7	.31
XO AND OTHERS	2	67		3.31	.05	.006	1.66		.00
@ORGANIZED OUTPATIENT CLINIC	136	219	Ś	26,035.51	\$ 118.88	.019		Ś	2.28
CLINIC CLINIC	7	15	~	376.32	25.09	.001	53.76	Y	.03
CHIMIC	,	10		370.32	20.09	•001	55.70		.03

 SURGICENTER
 12
 33
 2,469.51
 74.83
 .003
 205.79
 .22

 HEROIN DETOX CLINIC
 0
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 RURAL HEALTH CLINIC
 117
 171
 23,189.68
 135.61
 .015
 198.20
 2.03
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,276 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MC	ONTHLY AVERA	GE	
11,415 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,257	52 , 886	\$	410,672.12	\$ 7.77	4.633	\$ 326.71	\$	35.98
DURABLE MED. EQUIP.	195	1,441		81,534.93	56.58	.126	418.13		7.14
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	10	19		5,916.21	311.38	.002	591.62		.52
MEDICAL TRANSPORTATION	548	18,304		70,645.71	3.86	1.604	128.92		6.19
AMBULANCES/AIR TRANS	20	103		2,266.98	22.01	.009	113.35		.20
OTHER TRANS	505	17 , 986		66,413.89	3.69	1.576	131.51		5.82
OTHER SERVICES	28	215		1,964.84	9.14	.019	70.17		.17
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	116	1,684		111,788.87	66.38	.148	963.70		9.79
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	32		2,826.06	88.31	.003	403.72		.25
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	138	301		3,731.38	12.40	.026	27.04		.33
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	18	39		218.07	5.59	.003	12.12		.02
PROSTHETIST/ORTHOTISTS	5	7		246.07	35.15	.001	49.21		.02
PROSTHETICS	5	7		246.07	35.15	.001	49.21		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	14	14		255.97	18.28	.001	18.28		.02
SPEECH AND AUDIOLOGY	75	111		16,717.40	150.61	.010	222.90		1.46
HOSPICE SERVICES	38	1,021		102,544.04	100.43	.089	2698.53		8.98
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	173	29,913		14,247.41	.48	2.620	82.35		1.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00		.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,139	17,075	\$	278,730.84	\$ 16.32	1.496	\$ 130.31	\$	24.42

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,277 MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND 01/17/03 PLACER COUNTY

----- MONTHLY AVERAGE -----

39 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	46	2,250	\$	132,757.13	\$ 59.00	57.692	\$ 2886.02	\$ 3404.03
@PHYSICIANS SERVICES	6	12	\$	342.71	\$ 28.56	.308	\$ 57.12	\$ 8.79
OUTPATIENT VISITS	2	2		149.75	74.88	.051	74.88	3.84
OFFICE VISITS	1	1		81.40	81.40	.026	81.40	2.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.026	68.35	1.75
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPARTIENT VISITES	OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
CRITICAL CARE ON O	INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
SNE/ICE/TRANS IF CARE O	HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
Detinal molicocal services 0	CRITICAL CARE	0	0		.00		.00	.000		.00		.00
EXAMINATIONS SERVICES AND MATERIALS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
NEATIENT HOSPITAL SURGERY	EXAMINATIONS	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SERVICES AND MATERIALS	0	0		.00		.00	.000				.00
ASSISTANT SURGEON ANSESTRANT SURGEON OUTFATIENT SURGERY OO OUTFATIENT SURGERY OO OO ASSISTANT SURGEON OO OO ASSISTANT SURGEON OO OO ASSISTANT SURGEON OO O	INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
AMESTHESIOLGIST 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	PRINCIPAL SURGEON	0	0									.00
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0	0				.00	.000				.00
PRINCIPAL SURGEON ASISTANT SURGEON 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .0	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON ANSSTRESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	0	0				.00			.00		.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0				.00	.000				.00
DIALYSIS DIALYSIS	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 0 00 00 00 00 00 00 00 00 00 00 PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0				.00	.000		.00		.00
RADIOLOGY PSYCHIATRY DO DO	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY O	PATHOLOGY	0	0				.00			.00		.00
IMMUNIZATION AND INJECTION 0	RADIOLOGY	0	0									
OTHER SERVICES/ALL X-OVERS	PSYCHIATRY	0	0					.000				.00
## PHARMACY 38 1,227 \$ 13,851.89 \$ 11.29 31.462 \$ 364.52 \$ 355.18		0	-									
PRESCRIPTION DRUGS 38 213 13,253.63 62.22 5.462 348.78 339.84 SNF/ICF 20 63 1,945.61 30.88 1.615 97.28 49.89 OUTPATIENTS 20 150 11,308.02 75.39 3.846 565.40 289.95 MEDICAL SUPPLIES 4 1,014 598.26 .59 26.000 149.57 15.34 \$ @DENTIST 4 21 \$ 120.00 \$ 5.71 .538 \$ 30.00 \$ 3.08 VISITS - DIAGNOSTIC 3 3 5 75.00 15.00 .128 25.00 1.92 ORAL SURGERY 3 3 3 45.00 15.00 .077 15.00 1.15 DRUGS 0 0 0 0 0.00 .000 .000 .000 .000 .000		-										
SNF/ICF	-		•	\$	•	\$			\$		\$	
OUTPATIENTS 20 150 11,308.02 75.39 3.846 565.40 289.95 MEDICAL SUPPLIES 4 1,014 598.26 .59 26.000 149.57 15.34 @DENTIST	PRESCRIPTION DRUGS		213									
MEDICAL SUPPLIES 4 1,014 598.26 .59 26.000 149.57 15.34 60ENTIST 4 21 \$ 120.00 \$ 5.71 .538 \$ 30.00 \$ 3.08 VISITS - DIAGNOSTIC 3 5 75.00 15.00 .128 25.00 1.92 ORAL SURGERY 3 5 75.00 15.00 .077 15.00 1.15 DRUGS 0 0 0 0 .00 .00 .000 .00 .00 .00 .00 .					•							
## OBENTIST	OUTPATIENTS				•							
VISITS - DIAGNOSTIC 3 5 75.00 15.00 .128 25.00 1.92 ORAL SURGERY 3 3 3 45.00 15.00 .077 15.00 1.15 DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 AMESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 PERIODONTICS 0 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 2 11 .00 .00 .00 .282 .00 .00 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 PROSTHEDS, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOPD24 SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	MEDICAL SUPPLIES	4	•									
ORAL SURGERY 3 3 3 45.00 15.00 .077 15.00 1.15 DRUGS 0 0 0 .00 .00 .00 .000 .00 .00 ANESTHESIA 0 0 0 0 .00 .00 .00 .000 .00 .00 PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ENDODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 2 11 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .00 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 #CALI OTHER SERVICES 0 1 2 .00 .00 .00 .00 .00 .00 #CALI OTHER SERVICES 0 1 2 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOPO24 FEE-FOR-SERVICE/DENTAL	-	4		\$		\$			\$		\$	
DRUGS 0 0 0 0 00 00 00 00 00 00 00 00 00 00	VISITS - DIAGNOSTIC	3										
ANESTHESIA 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		3	3									
PERIODONTICS 0 0 .0		0	0									
ENDODONTICS 0 0 0 0 .00 .000 .00 .00 .00 .00 .00 .		0	0									
RESTORATIVE DENTISTRY 2 111 .00 .00 .282 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .000 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .000 .00 .00 SPACE MAINTAINERS 0 0 0 0 .00 .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND		0	0									
PROSTHETICS 0 0 0 0 00 00 00 00 00 00 00 00 00 00		0										
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		2										
SPACE MAINTAINERS 0 0 .00		0	0									
MAXILLOFACIAL SERVICES 0 0 .00 </td <td>•</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	•	0	0									
FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER SERVICES 1 2 .00 .00 .051 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND		0	0									
ALL OTHER SERVICES 1 2 .00 .00 .051 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE	•	0	0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,278 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE		•	-									
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE												
PLACER COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE				RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	•
MONTHLY AVERAGE												01/17/03
	PLACER COUNTY	SUMMARY OF SERVICE	ES FOR 40 MED	ICAL:	LY NEEDY - BLIND						~-	
	20 ELICIPIES	HOEDO III	ITMO OF CERTIC		EVDENDIMUDEC	70 77 77						

UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER 39 ELIGIBLES USERS EXPENDITURES OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR 0 .000 .00 VISITS 0 .00 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 5.80 \$ 5.80 .026 \$ 5.80 \$.15

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.80	5.80	.026	5.80	.15
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	3	37 \$	1,848.78	\$ 49.97	.949 \$	616.26	\$ 47.40
HOSP INPATIENT TOTAL	2	24	1,624.00	67.67	.615	812.00	41.64
HSC HOSPITALS	_	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0			.000		.00
	0	0	.00	.00		.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	•	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	•	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,624.00	67.67	.615	812.00	41.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	13	224.78	17.29	.333	112.39	5.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	13	224.78	17.29	.333	112.39	5.76
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,279
MOP024	FEE-FOR-SERVICE	,					01/17/03
PLACER COUNTY		ICES FOR 40 MEDICALLY	NEEDY - BLIND				
					MONT	HLY AVERA	GE
39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	37 \$	1,848.78	\$ 49.97	.949 \$		
COMM HOSP INPATIENT TOTAL	2	24	1,624.00	67.67	.615	812.00	41.64
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	g .	-					

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	24	1,624.00	67.67	.615	812.00	41.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	13	224.78	17.29	.333	112.39	5.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	2	13	224.78	17.29	.333	112.39	5.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	506	\$ 49,441.64	\$ 97.71	12.974	\$ 2602.19	\$ 1267.73
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	506	49,441.64	97.71	12.974	2602.19	1267.73
@INTERMEDIATE CARE FACILDD	12	359	\$ 58 , 938.76	\$ 164.17	9.205	\$ 4911.56	\$ 1511.25
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	359	58 , 938.76	164.17	9.205	4911.56	1511.25
@HEMODIALYSIS TOTAL	4	36	\$ 6,486.27	\$ 180.17	.923	\$ 1621.57	\$ 166.31
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	36	6,486.27	180.17	.923	1621.57	166.31
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0		0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	.00		.00	.000	.00		.00
XO AND OTHERS	0		0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		3 \$	483.77	\$	161.26	.077	\$ 241.89	\$	12.40
CLINIC	0		0	.00		.00	.000	.00		.00
SURGICENTER	2		3	.00		.00	.077	.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0	483.77		.00	.000	.00		12.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPEN	IDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DI	EC 2002	PΑ	GE 9,280
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 40) MEDICAI	LLY NEEDY - BLIND						
							MOI	NTHLY AVERA	GE -	
39 ELIGIBLES	USERS	UNITS OF SE	CRVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	С	OST PER

39 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	1.1	OR DAYS OF CARE	1 007 51	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	48 \$,	\$ 25.78	1.231 \$	112.50	
DURABLE MED. EQUIP.	6	29	388.00	13.38	.744	64.67	9.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	19	849.51	44.71	.487	121.36	21.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	14	28 \$	4,776.44	\$ 170.59	.718 \$		\$ 122.47

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,281 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MON	THLY AVERA	ŒĽ.	
5,554 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,921	171,409	\$	8,530,408.88	\$	49.77	30.862	1733.47	\$	1535.90
@PHYSICIANS SERVICES	1,352	9,995	\$	310,526.80	\$	31.07	1.800 \$	229.68	\$	55.91

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	475	745		29,617.84		39.76	.134		62.35		5.33
OFFICE VISITS	340	522		16,985.51		32.54	.094		49.96		3.06
HOME VISITS	14	22		754.60		34.30	.004		53.90		.14
EMERGENCY ROOM	133	159		10,641.44		66.93	.029		80.01		1.92
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	38	42		1,236.29		29.44	.008		32.53		.22
INPATIENT VISITS	193	1,464		64,251.14		43.89	.264		332.91		11.57
HOSPITAL VISITS	159	1,281		48,977.55		38.23	.231		308.03		8.82
CRITICAL CARE	24	121		13,057.78		107.92	.022		544.07		2.35
SNF/ICF/TRANS IP CARE	41	62		2,215.81		35.74	.011		54.04		.40
OPHTHALMOLOGICAL SERVICES	10	12		482.69		40.22	.002		48.27		.09
EXAMINATIONS	10	12		482.69		40.22	.002		48.27		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	116	734		77,335.85		105.36	.132		666.69		13.92
PRINCIPAL SURGEON	86	180		61,008.36		338.94	.032		709.40		10.98
ASSISTANT SURGEON	16	18		3,869.39		214.97	.003		241.84		.70
ANESTHESIOLOGIST	49	536		12,458.10		23.24	.097		254.25		2.24
OUTPATIENT SURGERY	85	238		19,984.41		83.97	.043		235.11		3.60
PRINCIPAL SURGEON	69	88		16,069.17		182.60	.016		232.89		2.89
ASSISTANT SURGEON	2	2		301.57		150.79	.000		150.79		.05
ANESTHESIOLOGIST	23	148		3,613.67		24.42	.027		157.12		.65
DIALYSIS	11	73		2,950.72		40.42	.013		268.25		.53
PATHOLOGY	85	266		7,063.41		26.55	.048		83.10		1.27
RADIOLOGY	290	1,184		57,374.60		48.46	.213		197.84		10.33
PSYCHIATRY	8	8		277.64		34.71	.001		34.71		.05
IMMUNIZATION AND INJECTION	39	559		8,560.06		15.31	.101		219.49		1.54
OTHER SERVICES/ALL X-OVERS	740	4,712		42,628.44		9.05	.848		57.61		7.68
@PHARMACY	3,885	66,602	\$	1,695,898.33	\$	25.46	11.992	\$	436.52	\$	305.35
PRESCRIPTION DRUGS	3 , 835	19,565		1,650,839.31		84.38	3.523		430.47		297.23
SNF/ICF	685	5,207		320,890.68		61.63	.938		468.45		57.78
OUTPATIENTS	3,184	14,358		1,329,948.63		92.63	2.585		417.70		239.46
MEDICAL SUPPLIES	336	47,037		45,059.02		.96	8.469		134.10		8.11
@DENTIST	475	2,019	\$	97,630.95	\$	48.36	.364	\$	205.54	\$	17.58
VISITS - DIAGNOSTIC	336	1,174		17,177.20		14.63	.211		51.12		3.09
ORAL SURGERY	66	215		9,632.50		44.80	.039		145.95		1.73
DRUGS	6	6		90.00		15.00	.001		15.00		.02
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.04
PERIODONTICS	28	46		7,645.00		166.20	.008		273.04		1.38
ENDODONTICS	32	49		11,044.00		225.39	.009		345.13		1.99
RESTORATIVE DENTISTRY	159	386		36,430.25		94.38	.069		229.12		6.56
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.01
DENTURES, STAYPLATES	41	120		15,307.00		127.56	.022		373.34		2.76
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	19		75.00		3.95	.003		6.25		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IRES MO	ONTH-OF-PAYMENT RE	EPORT	r for Jan	2002 THRU	DEC	2002	P.	AGE 9,282
MOP024	FEE-FOR-SERVICE/DE										01/17/03
PLACER COUNTY	STIMMARY OF SERVICE	ES FOR 41 MED	T.T.TAD.T.	/ NEEDY - DISABLEI)						

PLACER COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

					MON	THLY AVERA	GE
5,554 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	122	325	\$ 7,015.10	\$ 21.58	.059 \$	57.50	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	44	44	2,016.35	45.83	.008	45.83	.36

EYE APPLIANCES	89	243		4,247.84		17.48	.044	47.73		.76
OTHER OPTOMETRIC SERVICES	25	38		750.91		19.76	.007	30.04		.14
@CHIROPRACTOR	23	39	\$	616.81	\$	15.82	.007	\$ 26.82	\$.11
VISITS	20	34		568.48		16.72	.006	28.42		.10
OTHER SERVICES	3	5		48.33		9.67	.001	16.11		.01
@PODIATRIST	94	192	\$	2,169.78	\$	11.30	.035		Ś	.39
MEDICINE/INJECTIONS	7	9	т.	217.00	т.	24.11	.002	31.00	7	.04
SURGERY/ANES.	1	1		33.51		33.51	.000	33.51		.01
RADIO./PATHOLOGY	1	1		17.30		17.30	.000	17.30		.00
OTHER	87	181		1,901.97		10.51		21.86		
	67		Ċ		Ċ		.033		Ċ	.34
@HOME HEALTH AGENCY		10,648	\$	328,280.49	Ş A	30.83	1.917			59.11
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	Ş	.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	602	5 , 455	\$	2,115,520.33	\$	387.81	.982		\$	380.90
HOSP INPATIENT TOTAL	152	1,857		2,013,168.43		1084.10	.334	13244.53		362.47
HSC HOSPITALS	75	971		1,090,345.32		1122.91	.175	14537.94		196.32
NON-HSC HOSPITAL TOTAL	52	613		888,784.18		1449.89	.110	17092.00		160.03
ACCOMMODATIONS	52	613		311,379.03		507.96	.110	5988.06		56.06
ADMINISTRATIVE DAYS	19	267		60,098.90		225.09	.048	3163.10		10.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	37	346		251,280.13		726.24	.062	6791.35		45.24
ANCILLARIES	52	0		577,405.15		.00	.000	11103.95		103.96
INPATIENT CROSSOVERS	36	273		34,038.93		124.68	.049	945.53		6.13
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	488	3,598		102,351.90		28.45		209.74		18.43
HOSP OUTPATIENT TOTAL		•					.648			
MEDICAL	70	101		4,162.75		41.22	.018	59.47		.75
SURGERY	40	44		2,059.68		46.81	.008	51.49		.37
PATHOLOGY	170	1,176		11,479.54		9.76	.212	67.53		2.07
RADIOLOGY	99	188		20,625.45		109.71	.034	208.34		3.71
ROOM USE	185	272		10,902.47		40.08	.049	58.93		1.96
CROSSOVERS/ALL OTH OUTPTNT		1,817		53,122.01		29.24	.327	169.72		9.56
@COUNTY HOSPITAL TOTAL	6	144	\$	150,385.35	\$	1044.34	.026	\$ 25064.23	\$	27.08
CO HOSPITAL INPATIENT TOTAL		130		149,616.00		1150.89	.023	49872.00		26.94
HSC HOSPITALS	3	130		149,616.00		1150.89	.023	49872.00		26.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	14		769.35		54.95	.003	256.45		.14
	3									
MEDICAL		3		93.34		31.11	.001	31.11		.02
SURGERY	1	2		400.76		200.38	.000	400.76		.07
PATHOLOGY	0	0		9.66		.00	.000	.00		.00
RADIOLOGY	0	0		8.70		.00	.000	.00		.00
ROOM USE	3	5		229.36		45.87	.001	76.45		.04
CROSSOVERS/ALL OTH OUTPTNT		4		27.53		6.88	.001	27.53		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PA	GE 9,283
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	R 41 ME	DICAL:	LY NEEDY - DISABLE	D					
							1	ACMINIA VITINIAN	CE	

5,554 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	596	5,311	_ \$	1,965,134.98	\$				3297.21		353.82
COMM HOSP INPATIENT TOTAL	149	1,727		1,863,552.43		1079.07	.311		12507.06		335.53
HSC HOSPITALS	72	841		940,729.32		1118.58	.151		13065.69		169.38
NON-HSC HOSPITALS TOTAL	52	613		888,784.18		1449.89	.110		17092.00		160.03
ACCOMMODATIONS	52	613		311,379.03		507.96	.110		5988.06		56.06
ADMINISTRATIVE DAYS	19	267		60,098.90		225.09	.048		3163.10		10.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	346		251,280.13		726.24	.062		6791.35		45.24
ANCILLARIES	52	0		577,405.15		.00	.000		11103.95		103.96
INPATIENT CROSSOVERS	36	273		34,038.93		124.68	.049		945.53		6.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	485	3,584		101,582.55		28.34	.645		209.45		18.29
MEDICAL	67	98		4,069.41		41.52	.018		60.74		.73
SURGERY	39	42		1,658.92		39.50	.008		42.54		.30
PATHOLOGY	39 170	1,176		11,469.88		9.75			67.47		2.07
RADIOLOGY	99	188		20,616.75		109.66	.034		208.25		3.71
ROOM USE	182	267		10,673.11		20 07	0.40		58.64		1.92
CROSSOVERS/ALL OTH OUTPTNT	312	1,813		53,094.48		29.29	.326		170.17		9.56
@STATE HOSPITAL	12	365	\$	160,256.90	\$	439.06	.066	Ś	13354.74	Ś	28.85
-		0	т	.00	т.	.00	.000	7	.00	7	.00
MENTALLY ILL DEVELOP. DISABLED	12	365		160,256.90		439.06	.066		13354.74		28.85
@NURSING FACILITY	499	15,805	\$	1,750,464.67	Ś	110.75			3507.95	Ś	315.17
LEV A-INTERMEDIATE	60	2,092	- T	115,089.23		55.01	.377	7	1918.15	7	20.72
LEV B-REHAB MD	3	79		9,553.47		120.93	.014		3184.49		1.72
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	484		239,257.59		494.33	.087		21750.69		43.08
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	429	13,150		1,386,564.38		105.44	2.368		3232.08		249.65
@INTERMEDIATE CARE FACILDD	332	10,271	\$	1,561,096.17	Ś	151.99		Ś	4702.10	Ś	281.08
TOT DDII	1 2 2	4,126	- T	551,375.36	т.	133.63	.743	7	4177.09	7	99.28
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	132 0 200	6,145		1,009,720.81		164.32	1.106		5048.60		181.80
@HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	78	502	\$	61,505.38	\$	122.52		\$	788.53	\$	11.07
HOSPITAL BASED	0	0	·	.00		.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	78	502		61,505.38		122.52	.090		788.53		11.07
@REHABILITATION FACILITY	3	9	\$	488.26	\$	54.25	.002	\$	162.75	\$.09
HOSPITAL BASED	3	9		488.26		54.25	.002		162.75		.09
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	242	1,161	\$	15,381.82	\$	13.25	.209	\$	63.56	\$	2.77
PATHOLOGY	239	1,158		15,370.59		13.27	.208		64.31		2.77
XO AND OTHERS	3	3		11.23		3.74	.001		3.74		.00
@ORGANIZED OUTPATIENT CLINIC	343	722	\$	109,489.24	\$	151.65	.130	\$	319.21	\$	19.71
CLINIC	25	50		1,167.61		23.35	.009		46.70		.21
SURGICENTER	21	74		2,947.75		39.83	.013		140.37		.53
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	300	598		105,373.88			.108		351.25		18.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPOR1	r for jan 2	2002 THRU	DEC	2002	P	AGE 9,284
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	JICES FOR 41 MED	ICALL	Y NEEDY - DISABLE	D						
							M				
5,554 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
_		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	921	47,299	\$	314,067.85	\$			\$	341.01	\$	56.55
DURABLE MED. EQUIP.	176	835		141,477.60		169.43			803.85		25.47
BLOOD BANK	2	20		306.00		15.30	.004		153.00		.06

HEARING AID DISPENSERS	2	4	2,646.51	661.63	.001	1323.26	.48
MEDICAL TRANSPORTATION	190	11,271	49,964.61	4.43	2.029	262.97	9.00
AMBULANCES/AIR TRANS	61	1,289	15,280.57	11.85	.232	250.50	2.75
OTHER TRANS	130	9,892	32,603.05	3.30	1.781	250.79	5.87
OTHER SERVICES	5	90	2,080.99	23.12	.016	416.20	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	31	460	30,734.26	66.81	.083	991.43	5.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	33	138	10,478.01	75.93	.025	317.52	1.89
OCCUPATIONAL THERAPIST	2	29	172.13	5.94	.005	86.07	.03
OPTICIAN	110	255	3,341.58	13.10	.046	30.38	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	84.45	21.11	.001	42.23	.02
PROSTHETIST/ORTHOTISTS	21	58	7,135.40	123.02	.010	339.78	1.28
PROSTHETICS	19	55	6,999.30	127.26	.010	368.38	1.26
ORTHOTICS	2	3	136.10	45.37	.001	68.05	.02
PSYCHOLOGIST	4	4	58.00	14.50	.001	14.50	.01
SPEECH AND AUDIOLOGY	232	762	30,518.16	40.05	.137	131.54	5.49
HOSPICE SERVICES	6	30	3,465.78	115.53	.005	577.63	.62
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	1,885	13,184.55	6.99	.339	239.72	2.37
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	216	31,544	20,500.81	.65	5.680	94.91	3.69
@CALIF. CHILDREN SERVICES*	40	1,309	\$ 59 , 157.74	\$ 45.19	.236		•
@XOVER EXCLUDING STATE HOSP**	921	27 , 037	\$ 180,914.34	\$ 6.69	4.868	\$ 196.43	\$ 32.57

 $[\]ensuremath{ @^{*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $^{^{\}star\star}$ These data are included in the appropriate detail lines above.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,285 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICALLY	NEEDY - FAMILIES				~=
50 670 DITGIDIDO					MONT		
58,672 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	24,815	OR DAYS OF CARE	7 565 226 26	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,815 11,887	140,851 \$ 28,219 \$	7,565,336.26	\$ 53.71 \$ 45.58	2.401 \$.481 \$		\$ 128.94
		- ,	1,286,260.92				
OUTPATIENT VISITS	9,546	13,227	478,931.95	36.21	.225	50.17	8.16
OFFICE VISITS	6,884	8,965	279,752.78	31.20	.153	40.64	4.77
HOME VISITS	0	0	.00 113,102.20	.00	.000	.00	.00
EMERGENCY ROOM	2,185	2,515	113,102.20	44.97	.043	51.76	1.93
PREVENTIVE CARE	8	8	333.18	41.65	.000	41.65	.01
OB VISITS/COMPRE PERI	546	939	67,204.37	71.57	.016	123.08	1.15
OTHER OUTPATIENT	704	800	18,539.42	23.17	.014	26.33	.32
PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS	425	1,335	77 , 859.20	58.32	.023	183.20	1.33
HOSPITAL VISITS	410	1,151	53,939.75	46.86	.020	131.56	.92
CRITICAL CARE	35	184	23,919.45	130.00	.003	683.41	.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	38	40	1,571.58	39.29	.001	41.36	.03
EXAMINATIONS	30	32	1,514.84	47.34	.001	50.49	.03
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	479	2,360	284,269.88	120.45	.040	593.47	4.85
PRINCIPAL SURGEON	324	409	229,489.54	561.10	.007	708.30	3.91
ASSISTANT SURGEON	60	61	10,459.21	171.46	.001	174.32	.18
ANESTHESIOLOGIST	191	1,890	44,321.13	23.45	.032	232.05	.76
OUTPATIENT SURGERY	952	2,096	153,967.48	73.46	.032	161.73	2.62
	799	980	123,556.82	126.08	.036	154.64	2.11
PRINCIPAL SURGEON	14	14			.000	102.13	.02
ASSISTANT SURGEON	215		1,429.85	102.13			
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS	215	1,102	28,980.81	26.30	.019	134.79	. 49
	4	11	856.34	77.85	.000	214.09	.01
PATHOLOGY	1,296 2,185	1,736	26,248.81	15.12 43.58	.030	20.25	. 45
RADIOLOGY	2,185	3,609	157,268.49	43.58	.062	71.98	2.68
PSYCHIATRY	119 357	141	4,815.78	34.15	.002	40.47	.08
IMMUNIZATION AND INJECTION		975	39,806.96	40.83	.017	111.50	.68
OTHER SERVICES/ALL X-OVERS	965	2,689	60,664.45	22.56	.046	62.86	1.03
@ PHARMACY	11,837	29 , 948 \$	2,051,506.07	\$ 68.50	.510 \$		\$ 34.97
PRESCRIPTION DRUGS	11 , 759	25,860	1,570,775.21	60.74	.441	133.58	26.77
SNF/ICF	12	87	3,584.29	41.20	.001	298.69	.06
OUTPATIENTS	11,752	25,773	1,567,190.92	60.81	.439	133.36	26.71
MEDICAL SUPPLIES	294	4,088	480,730.86	117.60	.070	1635.14	8.19
@DENTIST	11,752 294 3,630 2,518 410 150 17 79	15,694 \$	570,151.84	\$ 36.33	.267 \$	157.07	\$ 9.72
VISITS - DIAGNOSTIC	2,518	10,058	154,430.48	15.35	.171	61.33	2.63
ORAL SURGERY	410	749	38,939.00	51.99	.013	94.97	.66
DRUGS	150	162	3,743.75	23.11	.003	24.96	.06
ANESTHESIA	17	17	1,500.00	88.24	.000	88.24	
PERIODONTICS	79	89	12,035.00	135.22	.002	152.34	.21
ENDODONTICS	301	513	81,602.24	159.07	.009	271.10	1.39
	1,396	3 , 565	239,216.45	67.10	.061	171.36	
PROSTHETICS	21	22	560.00	25.45	.000	26.67	.01
	46	136	12,892.00	94.79	.002	280.26	.22
DENTURES, STAYPLATES	26	31	4,500.93		.002	173.11	.08
SPACE MAINTAINERS	10	10	•	145.19			.08
MAXILLOFACIAL SERVICES			450.00	45.00	.000	45.00	
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	154	224	19,916.99	88.92	.004	129.33	.34
ALL OTHER SERVICES	40	117	225.00	1.92	.002	5.63	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	ZUUZ THRU DEC	. 2002	PAGE 9,286

FEE-FOR-SERVICE/DENTAL

01/17/03

					-		M	ONT	HLY AVERA	GE	
58,672 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	752	2,084	\$	49,623.24	\$	23.81	.036	\$	65.99	\$.85
DIAGNOSTIC AND ANC. PROCED	573	579		26,804.95		46.30	.010		46.78		.46
EYE APPLIANCES	520	1,472		21,977.59		14.93	.025		42.26		.37
OTHER OPTOMETRIC SERVICES	22	33		840.70		25.48	.001		38.21		.01
@CHIROPRACTOR	114	170	\$	2,838.22	\$	16.70	.003	\$	24.90	\$.05
VISITS	114	170		2,838.22		16.70	.003		24.90		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	49	94	\$	3,268.07	\$	34.77	.002	\$	66.70	\$.06
MEDICINE/INJECTIONS	39	52		1,510.96		29.06	.001		38.74		.03
SURGERY/ANES.	12	15		741.26		49.42	.000		61.77		.01
RADIO./PATHOLOGY	7	7		115.91		16.56	.000		16.56		.00
OTHER	12	20		899.94		45.00	.000		75.00		.02
@HOME HEALTH AGENCY	66	7,427	\$	225,128.17	\$	30.31	.127	Ś	3411.03	Ś	3.84
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	8	24	Ś		\$	66.45		\$	199.34	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	40.32	\$	20.16	.000		40.32	\$.00
@TOTAL HOSPITAL	4,415	18 , 290	Š	2,491,100.45		136.20	.312		564.24		42.46
HOSP INPATIENT TOTAL	441	1,634	т	2,067,698.37	т	1265.42	.028	т	4688.66	Τ.	35.24
HSC HOSPITALS	285	1,000		1,147,467.76		1147.47	.017		4026.20		19.56
NON-HSC HOSPITAL TOTAL	155	623		917,131.81		1472.12	.011		5916.98		15.63
ACCOMMODATIONS	155	623		356,558.67		572.33	.011		2300.38		6.08
ADMINISTRATIVE DAYS	3	15		3,118.06		207.87	.000		1039.35		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	153	608		353,440.61		581.32	.010		2310.07		6.02
ANCILLARIES	155	0		560,573.14		.00	.000		3616.60		9.55
INPATIENT CROSSOVERS	3	11		2,227.80		202.53	.000		742.60		.04
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
HOSP OUTPATIENT TOTAL	4,119	16,656		423,402.08		25.42	.284		102.79		7.22
MEDICAL	573	819		26,040.43		31.80	.014		45.45		.44
SURGERY	457	520		19,766.74		38.01	.009		43.45		.34
PATHOLOGY	1,469	5 , 763		59,475.79		10.32	.009		40.49		1.01
	1,117	1,556		99,419.22		63.89	.027		89.01		1.69
RADIOLOGY		•									
ROOM USE	3,149	3,981		157,094.88		39.46	.068		49.89		2.68
CROSSOVERS/ALL OTH OUTPTNT	1,659	4,017	ċ	61,605.02	\$	15.34	.068	ċ	37.13 272.02	ċ	1.05
@COUNTY HOSPITAL TOTAL	17 0	92	\$	4,624.34	Þ	50.26	.002	Þ		Ş	.08
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	92		4,624.34		50.26	.002		272.02		.08
MEDICAL	7	9		320.17		35.57	.000		45.74		.01
SURGERY	5	10		228.35		22.84	.000		45.67		.00
PATHOLOGY	9	28		733.26		26.19	.000		81.47		.01
RADIOLOGY	4	10		1,988.88		198.89	.000		497.22		.03
ROOM USE	9	20		885.66		44.28	.000		98.41		.02

01/17/03

FEE-FOR-SERVICE/DENTAL

PLACER COUNTY

MOP024 PLACER COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

PLACER COUNTY	SUMMARY OF SER	VICES FOR 42 MEDICA	ALLY NEEDY - FAMILIE	5		mii	~ =	
58,672 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON	THLY AVERA	.GE	COST PER
30,072 EDIGIDDES	ODERO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,400	18,198 S	2,486,476.11	\$ 136.63	.310 \$		Ś	42.38
COMM HOSP INPATIENT TOTAL	441	1,634	2,067,698.37	1265.42	.028	4688.66	Y	35.24
HSC HOSPITALS	285	1,000	1,147,467.76	1147.47	.028	4026.20		19.56
NON-HSC HOSPITALS TOTAL	155	623	917,131.81	1472.12	.011	5916.98		15.63
	155	623			.011	2300.38		6.08
ACCOMMODATIONS	3		356,558.67	572.33				
ADMINISTRATIVE DAYS	0	15 0	3,118.06	207.87	.000	1039.35		.05
TRANSITIONAL IP CARE	•	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00		.00
ALL OTHER ACCOM	153	608	353,440.61	581.32	.010	2310.07		6.02
ANCILLARIES	155	0	560,573.14	.00	.000	3616.60		9.55
INPATIENT CROSSOVERS	3	11	2,227.80	202.53	.000	742.60		.04
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00		.01
COMM HOSP OUTPATIENT TOTAL	4,104	16,564	418,777.74	25.28	.282	102.04		7.14
MEDICAL	566	810	25 , 720.26	31.75	.014	45.44		. 44
SURGERY	452	510	19,538.39	38.31	.009	43.23		.33
PATHOLOGY	1,461	5 , 735	58,742.53	10.24	.098	40.21		1.00
RADIOLOGY	1,113	1 , 546	97,430.34	63.02	.026	87.54		1.66
ROOM USE	3,141	3 , 961	156,209.22	39.44	.068	49.73		2.66
CROSSOVERS/ALL OTH OUTPTNT	1,651	4,002	61,137.00	15.28	.068	37.03		1.04
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	5	120	11,099.23	\$ 92.49	.002 \$	2219.85	\$.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	5	120	11,099.23	92.49	.002	2219.85		.19
@INTERMEDIATE CARE FACILDD	0	0 5	•	\$.00	.000 \$		Ś	.00
ICF DDH	0	0	.00	.00	.000	.00	7	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	137		\$ 15.89	.002 \$		Ś	.04
HOSPITAL BASED	0	127	.00	.00	.002 \$.00	۲	.00
	1	· · · · · · · · · · · · · · · · · · ·						
HEMODIALYSIS CENTER	-	137	2,177.35	15.89	.002	2177.35	Ċ	.04
@REHABILITATION FACILITY	8 8	20	,	\$ 55.73	.000 \$		\$.02
HOSPITAL BASED	-	20	1,114.69	55.73	.000	139.34		.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	_	.00
@LABORATORY FACILITY	2,411	7,214	,	\$ 14.25	.123 \$		\$	1.75
PATHOLOGY	2,411	7,214	102,786.28	14.25	.123	42.63		1.75
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,452	5,327		\$ 112.52	.091 \$		\$	10.22
CLINIC	679	2,359	67 , 497.17	28.61	.040	99.41		1.15
SURGICENTER	69	452	14,262.64	31.55	.008	206.70		.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	1,723	2,516	517,657.86	205.75	.043	300.44		8.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	F	PAGE 9,288
MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03
DIACED COLLMEN	CHMMADA OF CED	TITCEC EOD 40 MEDICI	ATTY MERDY RAMITTE	C				

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

						MON	ITHLY AVERA	GE	
58,672 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	1,942	26,081	\$	167,229.01	\$ 6.41	.445	86.11	\$	2.85
DURABLE MED. EQUIP.	141	318		17,810.84	56.01	.005	126.32		.30
BLOOD BANK	0	0		38.00	.00		.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
	184	3,170		44,151.95			239.96		.75
AMBULANCES/AIR TRANS	174	2,235					199.65		.59
OTHER TRANS	9	912		1,757.51	15.54 1.93 332.87 21.63 66.54	.016	195.28		.03
OTHER SERVICES	5	23		7,656.09	332.87	.000	1531.22 43.25		.13
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25		.00
ADULT DAY HEALTH CARE CTR	7	70		4,657.80	66.54	.001	665.40		.08
GENETIC DISEASE TESTING	151	152		13,005.00	85.56	.003	86.13		.22
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6		918.90	153.15	.000	459.45		.02
OCCUPATIONAL THERAPIST	0	0		.00	.00 9.53	.000	.00		.00
OPTICIAN	563	1,237		11,793.69	9.53	.021	20.95		.20
PHYSICAL THERAPIST	28	368		4,481.91	12.18	.006	160.07		.08
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	52	76		6,520.20	85.79	.001	125.39		.11
PROSTHETICS	50	/ 4		6,380.56	86.22 69.82	.001	127.61		.11
ORTHOTICS	2	2		139.64	69.82	.000	69.82		.00
PSYCHOLOGIST	1	5		69.80	13.96	.000	69.80		.00
SPEECH AND AUDIOLOGY	75	144		25,550.35	177.43	.002	340.67		. 44
HOSPICE SERVICES	0	0		.00	.00		.00		.00
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000	1007.23		.02
LOCAL EDUCATION AGENCIES	749	2,738		25 , 737.19	9.40	.047	34.36		.44
EPSDT SUPPLEMENTAL SERVICE	0	U		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00				.00
ALL OTHER PROVIDERS	40	17 , 794		11,442.90	.64	.303	286.07		.20
@CALIF. CHILDREN SERVICES*		6 , 303	\$	946,165.84	\$ 150.11 \$ 16.88	.107	3164.43		
@XOVER EXCLUDING STATE HOSP**	82	531	\$	8,963.02	\$ 16.88	.009	109.31	\$.15
<pre>@* TOTALS IN THESE LINES ARE</pre>				•					
THE AMOUNTS ARE ALREADY IN				S ABOVE.					
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002		E 9,289
MOP024	FEE-FOR-SERVICE								01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR 43 MEDI	CALL	Y NEEDY					
						MON			
75,680 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER

						[M(MITLI AVERA	1GE	
75,680 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39,668	661 , 744	\$	37,256,392.59	\$ 56.30	8.744	\$ 939.21	\$	492.29
@PHYSICIANS SERVICES	14,347	40,569	\$	1,650,258.42	\$ 40.68	.536	\$ 115.02	\$	21.81
OUTPATIENT VISITS	10,148	14,132		514,365.83	36.40	.187	50.69		6.80
OFFICE VISITS	7,337	9,630		301,654.74	31.32	.127	41.11		3.99
HOME VISITS	14	22		754.60	34.30	.000	53.90		.01
EMERGENCY ROOM	2,331	2 , 687		124,545.65	46.35	.036	53.43		1.65
PREVENTIVE CARE	8	8		333.18	41.65	.000	41.65		.00
OB VISITS/COMPRE PERI	546	939		67,204.37	71.57	.012	123.08		.89
OTHER OUTPATIENT	746	846		19,873.29	23.49	.011	26.64		.26
INPATIENT VISITS	637	2 , 851		144,342.70	50.63	.038	226.60		1.91
HOSPITAL VISITS	580	2,473		104,803.30	42.38	.033	180.70		1.38
CRITICAL CARE	59	305		36,977.23	121.24	.004	626.73		.49
SNF/ICF/TRANS IP CARE	49	73		2,562.17	35.10	.001	52.29		.03
OPHTHALMOLOGICAL SERVICES	59	64		2,504.42	39.13	.001	42.45		.03

EXAMINATIONS	51	56	2,447.68	43.71	.001	47.99	.03
SERVICES AND MATERIALS	8	8	56.74	7.09	.000	7.09	.00
INPATIENT HOSPITAL SURGERY	602	3,137	365,364.63	116.47	.041	606.92	4.83
PRINCIPAL SURGEON	413	592	293,068.21	495.05	.008	709.61	3.87
ASSISTANT SURGEON	77	80	14,626.44	182.83	.001	189.95	.19
ANESTHESIOLOGIST	244	2,465	57,669.98	23.40	.033	236.35	.76
OUTPATIENT SURGERY	1 , 059	2,391	181,382.38	75.86	.032	171.28	2.40
PRINCIPAL SURGEON	883	1,083	145,875.60	134.70	.014	165.20	1.93
ASSISTANT SURGEON	16	16	1,731.42	108.21	.000	108.21	.02
ANESTHESIOLOGIST	247	1,292	33,775.36	26.14	.017	136.74	.45
DIALYSIS	16	85	4,032.10	47.44	.001	252.01	.05
PATHOLOGY	1 , 395	2,019	33,682.29	16.68	.027	24.15	.45
RADIOLOGY	2,540	4,906	218,985.23	44.64	.065	86.21	2.89
PSYCHIATRY	127	149	5,093.42	34.18	.002	40.11	.07
IMMUNIZATION AND INJECTION	404	1,550	48,465.16	31.27	.020	119.96	.64
OTHER SERVICES/ALL X-OVERS	2,643	9 , 285	132,040.26	14.22	.123	49.96	1.74
@ PHARMACY	23,734	179 , 954	\$ 5,685,234.37	\$ 31.59	2.378	\$ 239.54	\$ 75.12
PRESCRIPTION DRUGS	23,564	85 , 512	5,112,425.53	59.79	1.130	216.96	67.55
SNF/ICF	5 , 882	34,162	1,599,244.48	46.81	.451	271.89	21.13
OUTPATIENTS	17 , 927	51 , 350	3,513,181.05	68.42	.679	195.97	46.42
MEDICAL SUPPLIES	1,237	94,442	572,808.84	6.07	1.248	463.06	7.57
@DENTIST	4,927	19,943	\$ 768,492.74	\$ 38.53	.264	\$ 155.98	\$ 10.15
VISITS - DIAGNOSTIC	3 , 499	12,725	197,972.88	15.56	.168	56.58	2.62
ORAL SURGERY	537	1,098	54,292.50	49.45	.015	101.10	.72
DRUGS	156	168	3,833.75	22.82	.002	24.58	.05
ANESTHESIA	20	21	1,900.00	90.48	.000	95.00	.03
PERIODONTICS	118	149	21,080.00	141.48	.002	178.64	.28
ENDODONTICS	355	598	99,191.24	165.87	.008	279.41	1.31
RESTORATIVE DENTISTRY	1,656	4,154	294,467.70	70.89	.055	177.82	3.89
PROSTHETICS	28	30	770.00	25.67	.000	27.50	.01
DENTURES, STAYPLATES	218	585	69,601.75	118.98	.008	319.27	.92
SPACE MAINTAINERS	26	31	4,500.93	145.19	.000	173.11	.06

MAXILLOFACIAL SERVICES	10	10	450.00	45.00	.000	45.00	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	154	224	19,916.99	88.92	.003	129.33	.26
ALL OTHER SERVICES	63	149	375.00	2.52	.002	5.95	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2002 THRU DEC	2002	PAGE 9,290
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICA:	LLY NEEDY				

PLACER COUNTY	SUMMARY OF SER	VICES FOR 43 MEL)ICALL)	NEEDY				O 3 7 EF		C D	
75 600 71 73 77 73					2.5				HLY AVERA	ŒĔ	
75,680 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	1 000	OR DAYS OF CAR		64 600 00		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,038	2,784	\$	64,608.98	\$	23.21	.037	\$	62.24	\$.85
DIAGNOSTIC AND ANC. PROCED	662	668		30,901.41		46.26	.009		46.68		.41
EYE APPLIANCES	718	2,000		31,285.39		15.64	.026		43.57		.41
OTHER OPTOMETRIC SERVICES	77	116		2,422.18		20.88	.002		31.46		.03
@CHIROPRACTOR	138	210	\$	3,471.75	\$	16.53	.003	Ş	25.16	Ş	.05
VISITS	134	204		3,406.70		16.70	.003		25.42		.05
OTHER SERVICES	4	6		65.05		10.84	.000		16.26		.00
@PODIATRIST	774	1,011	\$	13,468.28	\$	13.32	.013	\$	17.40	\$.18
MEDICINE/INJECTIONS	46	61		1,727.96		28.33	.001		37.56		.02
SURGERY/ANES.	13	16		774.77		48.42	.000		59.60		.01
RADIO./PATHOLOGY	8	8		133.21		16.65	.000		16.65		.00
OTHER	730	926		10,832.34		11.70	.012		14.84		.14
@HOME HEALTH AGENCY	137	18,107	\$	555,513.26	\$	30.68	.239	\$	4054.84	\$	7.34
NURSE ANESTHESIST	2	8	\$	19.18	\$	2.40	.000	\$	9.59	\$.00
NURSE MIDWIFE	8	24	\$	1,594.73	\$	66.45	.000	\$	199.34	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2	\$	40.32	\$	20.16	.000	\$	40.32	\$.00
@TOTAL HOSPITAL	5,281	25,447	\$	4,706,481.84	\$	184.95	.336		891.21	\$	62.19
HOSP INPATIENT TOTAL	651	3,769		4,148,599.05		1100.72	.050		6372.66		54.82
HSC HOSPITALS	367	2,001		2,270,878.08		1134.87	.026		6187.68		30.01
NON-HSC HOSPITAL TOTAL	207	1,236		1,805,894.94		1461.08	.016		8724.13		23.86
ACCOMMODATIONS	207	1,236		667,916.65		540.39	.016		3226.65		8.83
ADMINISTRATIVE DAYS	22	282		63,195.91		224.10	.004		2872.54		.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	190	954		604,720.74		633.88	.013		3182.74		7.99
ANCILLARIES	207	0		1,137,978.29		.00	.000		5497.48		15.04
INPATIENT CROSSOVERS	90	532		70,955.03		133.37	.007		788.39		.94
ALL OTHER INPATIENT	1	0		871.00		.00	.000		871.00		.01
HOSP OUTPATIENT TOTAL	4,818	21,678		557,882.79		25.73	.286		115.79		7.37
MEDICAL	654	934		30,715.43		32.89	.012		46.97		.41
SURGERY	506	573		22,776.58		39.75	.008		45.01		.30
PATHOLOGY	1,654	7,007		71,706.93		10.23	.093		43.35		.95
RADIOLOGY	1,034	1,765		121,981.15		69.11	.023		99.41		1.61
	3,355	4,278		169,558.41		39.63	.023		50.54		2.24
ROOM USE						19.82	.037				1.87
CROSSOVERS/ALL OTH OUTPINT		7,121	á	141,144.29	<u> </u>			<u> </u>	65.59	<u> </u>	
@COUNTY HOSPITAL TOTAL	25	240	\$	155,111.40	\$					\$	2.05
CO HOSPITAL INPATIENT TOTAL		130		149,616.00		1150.89	.002		49872.00		1.98
HSC HOSPITALS	3	130		149,616.00		1150.89	.002		49872.00		1.98
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	22	110	5,495.40	49.96	.001	249.79	.07
MEDICAL	11	13	423.76	32.60	.000	38.52	.01
SURGERY	6	12	629.11	52.43	.000	104.85	.01
PATHOLOGY	9	28	742.92	26.53	.000	82.55	.01
RADIOLOGY	5	11	2,016.06	183.28	.000	403.21	.03
ROOM USE	13	26	1,140.41	43.86	.000	87.72	.02
CROSSOVERS/ALL OTH OUTPINT	11	20	543.14	27.16	.000	49.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 9,291
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICA:	LLY NEEDY				
					MO	NTUIV AUFDAC	`F

PLACER COUNTY	SUMMARY OF SER	VICES FOR 43 MEDIO	CALLY	Y NEEDY					
							ONTHLY AVERA	AGE	
75,680 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 , 258	25 , 207	\$	4,551,370.44	\$ 180.56	.333		\$	60.14
COMM HOSP INPATIENT TOTAL	648	3,639		3,998,983.05	1098.92	.048	6171.27		52.84
HSC HOSPITALS	364	1,871		2,121,262.08	1133.76	.025	5827.64		28.03
NON-HSC HOSPITALS TOTAL	207	1,236		1,805,894.94	1461.08	.016	8724.13		23.86
ACCOMMODATIONS	207	1,236		667,916.65	540.39	.016	3226.65		8.83
ADMINISTRATIVE DAYS	22	282		63,195.91	224.10	.004	2872.54		.84
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	190	954		604,720.74	633.88	.013	3182.74		7.99
ANCILLARIES	207	0		1,137,978.29	.00	.000	5497.48		15.04
INPATIENT CROSSOVERS	90	532		70,955.03	133.37	.007	788.39		.94
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00		.01
COMM HOSP OUTPATIENT TOTAL	4,798	21,568		552,387.39	25.61	.285	115.13		7.30
MEDICAL	643	921		30,291.67	32.89	.012	47.11		.40
SURGERY	500	561		22,147.47	39.48	.007	44.29		.29
PATHOLOGY	1,646	6 , 979		70,964.01	10.17	.092	43.11		.94
RADIOLOGY	1,222	1,754		119,965.09	68.40	.023	98.17		1.59
ROOM USE	3,343	4,252		168,418.00	39.61	.056	50.38		2.23
CROSSOVERS/ALL OTH OUTPTNT	2,142	7,101		140,601.15	19.80	.094	65.64		1.86
@STATE HOSPITAL	12	365	\$	160,256.90	\$ 439.06	.005	\$ 13354.74	\$	2.12
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	12	365		160,256.90	439.06	.005	13354.74		2.12
@NURSING FACILITY	6,789	220,373	\$	20,158,898.89	\$ 91.48	2.912	\$ 2969.35	\$	266.37
LEV A-INTERMEDIATE	466	15,506		722,989.87	46.63	.205	1551.48		9.55
LEV B-REHAB MD	28	814		79,737.12	97.96	.011	2847.75		1.05
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	22	1,206		561,640.53	465.71	.016	25529.12		7.42
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	6,288	202,847		18,794,531.37	92.65	2.680	2988.95		248.34
@INTERMEDIATE CARE FACILDD	344	10,630	\$	1,620,034.93	\$ 152.40	.140	\$ 4709.40	\$	21.41
ICF DDH	132	4,126		551,375.36	133.63	.055	4177.09		7.29
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	212	6,504		1,068,659.57	164.31	.086	5040.85		14.12
@HEMODIALYSIS TOTAL	139	942	\$	116,101.00	\$ 123.25	.012	\$ 835.26	\$	1.53
HOSPITAL BASED	0	0	·	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	139	942		116,101.00	123.25	.012	835.26		1.53
@REHABILITATION FACILITY	11	29	\$	1,602.95	\$ 55.27	.000		\$.02
HOSPITAL BASED	11	29	·	1,602.95	55.27	.000	145.72		.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	2,733	8,761	\$	121,681.37	\$ 13.89	.116	\$ 44.52	Ś	1.61
PATHOLOGY	2,728	8,691	•	121,666.83	14.00	.115	44.60		1.61
XO AND OTHERS	5	70		14.54	.21	.001	2.91		.00
@ORGANIZED OUTPATIENT CLINIC	2,933	6 , 271	\$	735,426.19	\$ 117.27	.083		Ś	9.72
CLINIC	711	2,424	'	69,041.10	28.48	.032	97.10	т.	.91
	,	2, 12 1		05,011.10	20.10	• • • • •	37.10		•

 SURGICENTER
 104
 562
 19,679.90
 35.02
 .007
 189.23
 .26

 HEROIN DETOX CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00

 RURAL HEALTH CLINIC
 2,140
 3,285
 646,705.19
 196.87
 .043
 302.20
 8.55
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,292 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY 01/17/03

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,293 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 01/17/03

---- MONTHIV AMEDICE ----

						14101	ITITEL VARIVA	uU.	
5,581 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	<u> </u>		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,541	52 , 281	\$	781,862.48	\$ 14.96	9.368 \$	307.70	\$	140.09
@PHYSICIANS SERVICES	1,152	2,604	\$	117,960.62	\$ 45.30	.467 \$	102.40	\$	21.14
OUTPATIENT VISITS	894	1,253		48,826.85	38.97	.225	54.62		8.75
OFFICE VISITS	615	821		27,118.20	33.03	.147	44.09		4.86
HOME VISITS	3	3		112.26	37.42	.001	37.42		.02
EMERGENCY ROOM	218	251		11,674.53	46.51	.045	53.55		2.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	59	104		8,033.19	77.24	.019	136.16		1.44

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

11 1	12 2	IIDEC I	598.99 .00 MONTH-OF-PAYMENT RE	49.92 .00	.002		.00	Г	.11 .00 PAGE 9,294	
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1	1		31.90	31.90	.000				.01	
216	340		•						2.34	
103	148		1,498.19		.027					
0	0		.00		.000		.00		.00	
25	100			26.57		1			.48	
0	0		.00	.00	.000		.00		.00	
66	79		6,573.14	83.20	.014				1.18	
80	179		9,229.99	51.56	.032	1	15.37		1.65	
16	147		3,339.21	22.72	.026	2	08.70		.60	
4	4		746.00	186.50	.001				.13	
38	40		22,515.89	562.90	.007	5	92.52		4.03	
RGERY 50	191		26,601.10		.034	5	32.02		4.77	
	0		.00		.000		.00		.00	
8	8		378.74	47.34	.001		47.34		.07	
CES 8	8		378.74	47.34	.001				.07	
	0		.00		.000		.00		.00	
6	42		•	124.44	.008				.94	
60	136		6,069.30	44.63	.024				1.09	
61	178		11,295.60	63.46	.032	1	85.17		2.02	
62	74		1,888.67	25.52	.013		30.46		.34	
	CTION 39 102 1,156 1,147 9 1,140 44 339 246 43 21 5 3 20 119 3 0 3 3 0 3 5	61 178 60 136 6 42 RE 0 0 0	61 178 60 136 60 42 6E 0 0 0 6CES 8 8 8 8 8 8LIS 0 0 0 6GERY 50 191 38 40 4 4 16 147 80 179 66 79 0 0 0 25 100 0 0 25 100 0 0 103 148 216 340 1 1 1 1 2TION 39 96 0VERS 102 210 1,156 8,190 \$ 1,147 2,762 9 242 1,140 2,520 44 5,428 339 1,550 \$ 246 959 43 98 21 22 5 3 3 4 20 52 119 388 3 0 0 0 685 1 2	61 178 11,295.60 60 136 6,069.30 66 42 5,226.30 68 0 0 0 .00 68E 0 0 0 .00 68E 8 8 8 8 378.74 68 8 8 8 378.74 68 9 0 0 .00 68ERY 50 191 26,601.10 68ERY 50 191 26,601.10 68ERY 50 191 26,601.10 68ERY 50 191 26,601.10 68 4 4 746.00 69 16 147 3,339.21 60 179 9,229.99 66 79 6,573.14 60 0 0 .00 60 25 100 2,656.85 60 0 0 .00 6103 148 1,498.19 6216 340 13,054.72 6210 5,678.78 631,156 8,190 \$ 168,153.24 64 1,147 2,762 161,445.89 65 1,140 2,520 148,473.61 64 5,428 6,707.35 63 339 1,550 \$ 56,068.34 64 5,428 6,707.35 65 5 5 400.00 65 5 5 5 400.00 66 79 6,573.75 67 68.78 7 646.00 68 79 7 7,646.00 68 79 7 7,646.00 7 7,646.00 7 7,646.00 7 8 7,646.00 7 9 7,646.00	178	61 178 11,295.60 63.46 .032 60 136 60 136 60 .032 60 136 60 136 60,669.30 44.63 .024 66 42 5,226.30 124.44 .008 62 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 8 8 8 378.74 47.34 .001 62 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	61 178 11,295.60 63.46 .032 11 60 136 6,069.30 44.63 .024 11 60 42 5,226.30 124.44 .008 8 60 42 5,226.30 124.44 .008 8 61 8 8 8 8 378.74 47.34 .001 6 62 8 8 8 8 378.74 47.34 .001 6 63 8 8 8 8 378.74 47.34 .001 6 64 9	61 178 11,295.60 63.46 .032 185.17 60 136 6,069.30 44.63 .024 101.16 66 42 5,226.30 124.44 .008 871.05 66 42 5,226.30 124.44 .008 871.05 68 0 0 0 .00 .00 .00 .00 .000 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 .00 .00 60 .00 .00 .00 .00 .00 .00 .00 .00 .00 .	61 178 11,295.60 63.46 .032 185.17 60 136 6,069.30 44.63 .024 101.16 6 6 42 5,226.30 124.44 .008 871.05 8E 0 0 0 .00 .00 .00 .000 .000 .000 .00	61 178 11,295.60 63.46

----- MONTHLY AVERAGE -----5,581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 52 144 \$ 3,279.17 22.77 .026 \$ 63.06 \$.59 DIAGNOSTIC AND ANC. PROCED 37 38 46.02 .007 47.26 .31 1,748.72 EYE APPLIANCES 38 103 1,483.63 14.40 .018 39.04 .27 3 3 .001 .01 OTHER OPTOMETRIC SERVICES 46.82 15.61 15.61 10 15 250.80 \$ 16.72 .003 \$.04 25.08 \$ @CHIROPRACTOR 250.80 16.72 25.08 VISITS 10 15 .003 .04 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 0 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

PLACER COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 OTHER 0 0 .00 .00 .00 .00 @HOME HEALTH AGENCY 8 226 \$ 8,469.97 \$ 37.48 .040 \$ 1058.75 \$.00
OTHER 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 8 226 \$ 8,469.97 \$ 37.48 .040 \$ 1058.75 \$.00
	1.52
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
	4.30
	5.76
	6.91
	8.84
ACCOMMODATIONS 19 95 58,313.07 613.82 .017 3069.11 1	0.45
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 19 95 58,313.07 613.82 .017 3069.11 1	0.45
ANCILLARIES 19 0 46,850.61 .00 .000 2465.82	8.39
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 452 1,928 47,668.30 24.72 .345 105.46	8.54
MEDICAL 75 113 4,656.35 41.21 .020 62.08	.83
SURGERY 39 40 1,205.16 30.13 .007 30.90	.22
	1.60
	1.45
,	3.17
, , , , , , , , , , , , , , , , , , , ,	1.27
	2.67
, , , , , , , , , , , , , , , , , , ,	2.66
, , , , , , , , , , , , , , , , , , ,	2.66
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.62	33.62	.000	33.62	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.62	33.62	.000	33.62	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,295
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 44 MIC - NO S	OC 03 04 2A 45 4A 4K	4M 5K 71	3 82		
							-

THE ROOT OF SERVICE STATES AVERAGE ------ MONTHLY AVERAGE -----
5,581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COMMUNITY HOSPITAL TOTAL 480 2,137 \$ 288,129.58 \$ 134.83 .383 \$ 600.27 \$ 51.63 COMM HOSP INPATIENT TOTAL 49 210 240,494.90 1145.21 .038 4908.06 43.09

		ON DAID OF CAN	لنك		1 11/1/	ONII/DAI	1517 51170	ODEI	
@COMMUNITY HOSPITAL TOTAL	480	2,137	\$	288,129.58	\$	134.83	.383	\$ 600.27	\$ 51.63
COMM HOSP INPATIENT TOTAL	49	210		240,494.90		1145.21	.038	4908.06	43.09
HSC HOSPITALS	31	115		135,331.22		1176.79	.021	4365.52	24.25
NON-HSC HOSPITALS TOTAL	19	95		105,163.68		1106.99	.017	5534.93	18.84
ACCOMMODATIONS	19	95		58,313.07		613.82	.017	3069.11	10.45
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	19	95		58,313.07		613.82	.017	3069.11	10.45
ANCILLARIES	19	0		46,850.61		.00	.000	2465.82	8.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	451	1,927		47,634.68		24.72	.345	105.62	8.54
MEDICAL	75	113		4,656.35		41.21	.020	62.08	.83
SURGERY	39	40		1,205.16		30.13	.007	30.90	.22
PATHOLOGY	179	755		8,923.34		11.82	.135	49.85	1.60
RADIOLOGY	108	144		8,095.12		56.22	.026	74.95	1.45
ROOM USE	337	439		17,641.54		40.19	.079	52.35	3.16
CROSSOVERS/ALL OTH OUTPINT	181	436		7,113.17		16.31	.078	39.30	1.27
@STATE HOSPITAL	8	0	\$	12,513.82	\$.00	.000	\$ 1564.23	\$ 2.24
MENTALLY ILL	8	0		12,513.82		.00	.000	1564.23	2.24
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	234	636 \$	9,941.47	\$	15.63	.114	42.48	\$	1.78
PATHOLOGY	234	636	9,941.47		15.63	.114	42.48		1.78
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	244	598 \$	54,641.17	\$	91.37	.107	223.94	\$	9.79
CLINIC	81	316	8,391.76		26.56	.057	103.60		1.50
SURGICENTER	5	34	1,229.18		36.15	.006	245.84		.22
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	162	248	45,020.23		181.53	.044	277.90		8.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DE	EC 2002	PAG:	E 9,296
MOP024	FEE-FOR-SERVICE/DENT	ΓAL						1	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 44 MIC -	NO SOC 03 04 2A 45	4A 4K	4M 5K 7'	Г 82			

----- MONTHLY AVERAGE -----5,581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 222 36,169 \$ 47,548.68 \$ 1.31 6.481 \$ 214.18 \$ 8.52 23 98 18,153.87 185.24 .018 789.30 3.25 @ALL OTHER PROVIDERS DURABLE MED. EQUIP.

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,297 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						MON	ITHLY AVERA	GE
70 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	126	817	\$	92,953.07	\$ 113.77	11.671 \$	737.72	\$ 1327.90
@PHYSICIANS SERVICES	7.5	302	Ś	15,909,63	\$ 52.68	4.314 \$	212.13	\$ 227.28

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	39	47	2,243.97	47.74	.671	57.54	32.06
OFFICE VISITS	11	13	572.39	44.03	.186	52.04	8.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	28	29	1,563.82	53.92	.414	55.85	22.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	107.76	21.55	.071	26.94	1.54
INPATIENT VISITS	13	84	4,286.75	51.03	1.200	329.75	61.24
HOSPITAL VISITS	12	77	2,995.60	38.90	1.100	249.63	42.79
CRITICAL CARE	2	7	1,291.15	184.45	.100	645.58	18.45
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	32	4,837.32	151.17	.457	537.48	69.10
PRINCIPAL SURGEON	6	11	4,007.57	364.32	.157	667.93	57.25
ASSISTANT SURGEON	1		186.50	186.50	.014	186.50	2.66
ANESTHESIOLOGIST	3	20	643.25	32.16	.286	214.42	9.19
OUTPATIENT SURGERY	11	37	1,809.87	48.92	.529	164.53	25.86
PRINCIPAL SURGEON	8	9	1,176.89	130.77	.129	147.11	16.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	28	632.98	22.61	.400	158.25	9.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	14	437.29	31.24	.200	48.59	6.25
RADIOLOGY	30	59	1,567.05	26.56	.843	52.24	22.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	8	34.90	4.36	.114	34.90	.50
OTHER SERVICES/ALL X-OVERS	13	21	692.48	32.98	.300	53.27	9.89
@PHARMACY	13	34 \$	1,220.52	\$ 35.90	.486 \$		
PRESCRIPTION DRUGS	13	26	1,160.37	44.63	.371	89.26	16.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13	26	1,160.37	44.63	.371	89.26	16.58
MEDICAL SUPPLIES	1	8	60.15	7.52	.114	60.15	.86
@DENTIST	12	72 \$	1,660.00	\$ 23.06	1.029 \$	138.33	\$ 23.71
VISITS - DIAGNOSTIC	10	38	237.00	6.24	.543	23.70	3.39
ORAL SURGERY	2	6	.00	.00	.086	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.014	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	76.00	76.00	.014	76.00	1.09
RESTORATIVE DENTISTRY	5	25	1,347.00	53.88	.357	269.40	19.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.014	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 9,298
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR 45 MIC - S	OC	AID C	ODE		
							GE
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 70 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 0 \$ DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 0 0 .00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000		.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	254.71	\$	63.68	.057	\$	127.36	\$	3.64
NURSE ANESTHESIST	0	0	٠ ۲		\$					\$	
	0	0	ې د	.00	۶ \$.00	.000	\$.00		.00
NURSE MIDWIFE	•	0	\$ \$.00	۶ د	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER				.00	Ş A	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	363	\$	72,806.27	\$	200.57	5.186	\$	1300.11	\$	1040.09
HOSP INPATIENT TOTAL	9	60		64,957.54		1082.63	.857		7217.50		927.96
HSC HOSPITALS	7	47		48,238.03		1026.34	.671		6891.15		689.11
NON-HSC HOSPITAL TOTAL	2	13		16,719.51		1286.12	.186		8359.76		238.85
ACCOMMODATIONS	2	13		6,684.09		514.16	.186		3342.05		95.49
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	13		6,684.09		514.16	.186		3342.05		95.49
ANCILLARIES	2	0		10,035.42		.00	.000		5017.71		143.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	48	303		7,848.73		25.90	4.329		163.52		112.12
MEDICAL	11	14		338.11		24.15	.200		30.74		4.83
SURGERY	5	5		226.61		45.32	.071		45.32		3.24
PATHOLOGY	30	120		1,301.40		10.85	1.714		43.32		18.59
	21										
RADIOLOGY		36		3,189.88		88.61	.514		151.90		45.57
ROOM USE	39	47		1,587.44		33.78	.671		40.70		22.68
CROSSOVERS/ALL OTH OUTPTNT		81		1,205.29		14.88	1.157		44.64		17.22
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		0	IDEC ::	.00		.00	.000		.00		.00
			JKES M	ONTH-OF-PAYMENT F	KEPOR	T FOR JAN	ZUUZ THRU	DEC	2002	Ρ.	AGE 9,299
MOP024	FEE-FOR-SERVICE		_	_							01/17/03
PLACER COUNTY	SUMMARY OF SERV	JICES FOR 45 MIC	c - so	C		AID C					
							M			-	
70 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER

		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	363	\$	72,806.27	\$ 200.57	5.186	\$ 1300.11	\$	1040.09
COMM HOSP INPATIENT TOTAL	9	60		64,957.54	1082.63	.857	7217.50		927.96
HSC HOSPITALS	7	47		48,238.03	1026.34	.671	6891.15		689.11
NON-HSC HOSPITALS TOTAL	2	13		16,719.51	1286.12	.186	8359.76		238.85
ACCOMMODATIONS	2	13		6,684.09	514.16	.186	3342.05		95.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	13		6,684.09	514.16	.186	3342.05		95.49
ANCILLARIES	2	0		10,035.42	.00	.000	5017.71		143.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	48	303		7,848.73	25.90	4.329	163.52		112.12
MEDICAL	11	14		338.11	24.15	.200	30.74		4.83
SURGERY	5	5		226.61	45.32	.071	45.32		3.24
PATHOLOGY	30	120		1,301.40	10.85	1.714	43.38		18.59
RADIOLOGY	21	36		3,189.88	88.61	.514	151.90		45.57
ROOM USE	39	47		1,587.44	33.78	.671	40.70		22.68
CROSSOVERS/ALL OTH OUTPINT	27	81		1,205.29	14.88	1.157	44.64		17.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	15	\$	183.87	\$	12.26	.214	\$	36.77	\$	2.63
PATHOLOGY	5	15		183.87		12.26	.214		36.77		2.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3 5	\$	274.77	\$	91.59	.043	\$	137.39	\$	3.93
CLINIC	1	2		46.46		23.23	.029		46.46		.66
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		228.31		228.31	.014		228.31		3.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAC	GE 9,300
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID CODE	3				

70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	24 \$	643.30	\$ 26.80	.343 \$	107.22	\$ 9.19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	22	618.44	28.11	.314	123.69	8.83
AMBULANCES/AIR TRANS	5	22	618.44	28.11	.314	123.69	8.83
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	24.86	12.43	.029	24.86	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	93 \$	13,563.11	\$ 145.84	1.329 \$	1695.39	•
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY	SUMMARY OF SER	VICES FOR 46 MEDICALLY	INDIGENT CHILDRI	ΞN	1.037		28
5,651 ELIGIBLES	HCEDC	UNITS OF SERVICE	EADENDIMIDEC	AVERAGE COST	MON'		COST PER
J, 031 ELIGIBLES	USERS 2,667 1,227 933 626 3 246 0 59 66 74 72 8 0 8 8 0 59 44	OR DAYS OF CARE	FYLFUDIIOKE2	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2 667	53,098 \$	874,815.55	\$ 16.48	9.396 \$		\$ 154.81
@PHYSICIANS SERVICES	2,007 1 227	2,906 \$	133,870.25		.514 \$		
OURDANTENE VICES	1,227				.230	54.74	9.04
OUTPATIENT VISITS	933	1,300	51,070.82	39.29 33.20			
OFFICE VISITS	626	834	27,690.59		.148	44.23	
HOME VISITS	3	3	112.26	37.42	.001	37.42	.02
EMERGENCY ROOM	246	280	13,238.35	47.28	.050	53.81	
PREVENTIVE CARE	0	0 104 79 262	.00 8,033.19	.00	.000	.00	.00
OB VISITS/COMPRE PERI	59	104	8,033.19	77.24 25.27	.018	136.16	1.42
OTHER OUTPATIENT	66	79	1,996.43	23.21	.014	136.16 30.25	.35
INPATIENT VISITS	74	262	15,582.35	59.47	.046	210.57	2.76
HOSPITAL VISITS	72	213	9,064.90	42.56	.038	125.90	1.60
CRITICAL CARE	8	49	6 , 517.45	133.01	.009	814.68	1.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	378.74	47.34	.001	47.34	.07
EXAMINATIONS	8	8	378.74	47.34	.001	47.34	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	59	223	31.438.42	140.98	.039	532.85	5.56
PRINCIPAL SURGEON	44	51	26.523.46	520.07	.009	602.81	4.69
ASSISTANT SURGEON	5	49 0 8 8 0 223 51 5	932 50	186.50	.001	186.50	.17
ANESTHESIOLOGIST	1 9	167	3,982.46	23.85	.030	209.60	.70
OUTPATIENT SURGERY	01	016	11,039.86	F1 11	.038	121.32	1.95
DDINCIDAL GUDCEON	71	216 88	7,750.03	88.07	.016	104.73	1.37
ACCICHAM CUDCEON	74		7,750.05	.00	.000	.00	.00
ANECHIECTOLOCICE	2.0	128	.00 3,289.83	25.70	.023	113.44	.58
ANESIMESIOLOGISI	29	120	3,209.03	.00	.023		.00
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	110	0 162	.00			.00	
PATHOLOGY	112	399	1,935.48 14,621.77	11.95	.029 .071	17.28	.34
RADIOLOGY	240			36.65		59.44	2.59
FOICHIAINI	1	1 104	31.90 1,399.65	31.90	.000	31.90	.01
IMMUNIZATION AND INJECTION	40	104		13.46	.018	34.99	.25
OTHER SERVICES/ALL X-OVERS	115	231	6,371.26	27.58	.041	55.40	1.13
@PHARMACY	1,169 1,160	8,224 \$ 2,788	169,373.76		1.455 \$		
PRESCRIPTION DRUGS	1,160	2,788	162,606.26	58.32	.493	140.18	28.77
SNF/ICF	9	242	12,972.28	53.60	.043	1441.36	2.30
OUTPATIENTS	1,153	2,546	149,633.98	58.77	.451	129.78	26.48
MEDICAL SUPPLIES	45	5,436	6 , 767.50	1.24	.962	150.39	1.20
@DENTIST	1,169 1,160 9 1,153 45 351 256 45 21 6	1,622 \$	57 , 728.34		.287 \$		
VISITS - DIAGNOSTIC	256	997	16,876.35	16.93	.176	65.92	2.99
ORAL SURGERY	45	104	7,646.00	73.52	.018	169.91	1.35
DRUGS	21		468.75	21.31	.004	22.32	.08
ANESTHESIA	6	22 6 3 53	400.00	66.67	.001	66.67	.07
PERIODONTICS	3	3		55.00	.001	55.00	.03
ENDODONTICS	21	53	165.00 9,015.50	170.10	.009	429.31	1.60
RESTORATIVE DENTISTRY	124	413	20,384.75	49.36		164.39	3.61
PROSTHETICS	3	3	90.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	<u>о</u> Д	533.00	133.25	.001	177.67	.09
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.27
ORTHODONTIC SERVICES	12	13	598.99	46.08		49.92	.11
					.002		
ALL OTHER SERVICES	MEDI CAI CEDVIA	CEC AND EXPENDIBLES MO	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	MIU-OL-BAIMENI KI	LIOKI FOK JAN 2	ZUUZ IHKU DE(PAGE 9,302

01/17/03

FEE-FOR-SERVICE/DENTAL

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALLY	INDIGENT CHILDRE	ΞN		3.6	^ · · · ·		~ =	
5 C51 DITCIDIDO							MO			GE	
5,651 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	= 0	OR DAYS OF CARE		0 0 0 0 1 0		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	52	144	\$	3,279.17	\$	22.77	.025	Ş	63.06	Ş	.58
DIAGNOSTIC AND ANC. PROCED	37	38		1,748.72		46.02	.007		47.26		.31
EYE APPLIANCES	38	103		1,483.63		14.40	.018		39.04		.26
OTHER OPTOMETRIC SERVICES	3	3		46.82		15.61	.001		15.61		.01
@CHIROPRACTOR	10	15	\$	250.80	\$	16.72	.003	\$	25.08	\$.04
VISITS	10	15		250.80		16.72	.003		25.08		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	10	230	\$	8,724.68	\$	37.93	.041		872.47	\$	1.54
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	538	2,512	\$	375 , 841.47	\$.445	\$	698.59	\$	66.51
HOSP INPATIENT TOTAL	59	281		320,324.44		1139.94	.050		5429.23		56.68
HSC HOSPITALS	39	173		198,441.25		1147.06	.031		5088.24		35.12
NON-HSC HOSPITAL TOTAL	21	108		121,883.19		1128.55	.019		5803.96		21.57
ACCOMMODATIONS	21	108		64 , 997.16		601.83	.019		3095.10		11.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	21	108		64,997.16		601.83	.019		3095.10		11.50
ANCILLARIES	21	0		56,886.03		.00	.000		2708.86		10.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	500	2,231		55,517.03		24.88	.395		111.03		9.82
MEDICAL	86	127		4,994.46		39.33	.022		58.08		.88
SURGERY	44	45		1,431.77		31.82	.008		32.54		.25
PATHOLOGY	209	875		10,224.74		11.69	.155		48.92		1.81
RADIOLOGY	129	180		11,285.00		62.69	.032		87.48		2.00
ROOM USE	377	487		19,262.60		39.55	.086		51.09		3.41
CROSSOVERS/ALL OTH OUTPTNT	208	517		8,318.46		16.09	.091		39.99		1.47
@COUNTY HOSPITAL TOTAL	2	12	\$	14,905.62	\$	1242.14	.002	\$	7452.81	\$	2.64
CO HOSPITAL INPATIENT TOTAL	1	11		14,872.00		1352.00	.002		14872.00		2.63
HSC HOSPITALS	1	11		14,872.00		1352.00	.002		14872.00		2.63
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		33.62		33.62	.000		33.62		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.62		33.62	.000		33.62		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,303 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDICA	ALLY INDIGENT CH	LLDREN						
E CE1 ELICIDIES	HCEDC	INTEG OF CEDUTOR	EVDENDIMI	DEG 717				HLY AVERAC		OCE DED
5,651 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU		ERAGE COST			COST PER		COST PER
OCOMMUNITARY HOODITARY HORAT	Fac	OR DAYS OF CARE	200 025		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	536	,	360,935	•	144.37	.442	\$		\$	63.87
COMM HOSP INPATIENT TOTAL	58	270	305,452		1131.31	.048		5266.42		54.05
HSC HOSPITALS	38	162	183,569		1133.14	.029		4830.77		32.48
NON-HSC HOSPITALS TOTAL	21	108	121,883		1128.55	.019		5803.96		21.57
ACCOMMODATIONS	21	108	64 , 997		601.83	.019		3095.10		11.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	21	108	64 , 997		601.83	.019		3095.10		11.50
ANCILLARIES	21	0	56,886		.00	.000		2708.86		10.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	499	2,230	55 , 483		24.88	.395		111.19		9.82
MEDICAL	86	127	4,994		39.33	.022		58.08		.88
SURGERY	44	45	1,431		31.82	.008		32.54		.25
PATHOLOGY	209	875	10,224	.74	11.69	.155		48.92		1.81
RADIOLOGY	129	180	11,285		62.69	.032		87.48		2.00
ROOM USE	376	486	19,228	.98	39.57	.086		51.14		3.40
CROSSOVERS/ALL OTH OUTPINT	208	517	8,318	.46	16.09	.091		39.99		1.47
@STATE HOSPITAL	8	0 :	12,513	.82 \$.00	.000	\$	1564.23	\$	2.21
MENTALLY ILL	8	0	12,513	.82	.00	.000		1564.23		2.21
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0 :	>	.00 \$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	-	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	-	\$.00 \$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	239	* * -	10,125		15.55	.115	\$		\$	1.79
PATHOLOGY	239	651	10,125		15.55	.115		42.37		1.79
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	246	* * =	54,915		91.37	.106	\$	223.24	\$	9.72
CLINIC	82	318	8,438		26.54	.056		102.91		1.49
SURGICENTER	5	34	1,229	.18	36.15	.006		245.84		.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	163	249	45,248	.54	181.72	.044		277.60		8.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONTH-OF-PAYME	NT REPOR	T FOR JAN	2002 THRU	DEC	2002	PF	GE 9,304
MOP024	FEE-FOR-SERVICE	,								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDICA	ALLY INDIGENT CH	ILDREN						

5,651 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	228	36,193	\$ 48,191.98	\$ 1.33	6.405	\$ 211.37	\$ 8.53
DURABLE MED. EQUIP.	23	98	18,153.87	185.24	.017	789.30	3.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	35	569	5,324.78	9.36	.101	152.14	.94
AMBULANCES/AIR TRANS	32	338	4,919.93	14.56	.060	153.75	.87
OTHER TRANS	3	231	404.85	1.75	.041	134.95	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	1,765.00	84.05	.004	84.05	.31
IHMC, MODEL-NF, NF, AIDS, MSSP	2	10	241.20	24.12	.002	120.60	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	41	84	741.66	8.83	.015	18.09	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	6	481.20	80.20	.001	96.24	.09
PROSTHETICS	4	5	437.12	87.42	.001	109.28	.08
ORTHOTICS	1	1	44.08	44.08	.000	44.08	.01
PSYCHOLOGIST	2	15	522.40	34.83	.003	261.20	.09
SPEECH AND AUDIOLOGY	8	13	5,723.32	440.26	.002	715.42	1.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	71	264	1,864.24	7.06	.047	26.26	.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	35 , 113	13,374.31		6.214	477.65	
@CALIF. CHILDREN SERVICES*	58	820	\$ 78,646.08	\$ 95.91	.145	\$ 1355.97	\$ 13.92

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,305

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE Ω 0 \$.00 \$. 00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS .00 \$ @PHYSICIANS SERVICES Ω Ω .00 \$.00 .000 \$. 00 .000 OUTPATIENT VISITS Ω .00 . 00 . 00 .00 .00 .000 OFFICE VISITS .00 .00 .00 .00 .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 .00 .00 .000 .00 OTHER OUTPATIENT .000 .00 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 . 00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .000 PRINCIPAL SURGEON .00 .00 . 00 . 00 .00 .000 . 00 . 00 . 00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST .000 DIALYSIS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY .00 \$.00 .000 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 Ω .00 . 00 .000 . 00 . 00 OUTPATTENTS .00 .00 .000 .00 . 00 MEDICAL SUPPLIES .00 .00 \$.00 \$.000 \$.00 @DENTIST .00 VISITS - DIAGNOSTIC .00 .000 .00 .00 .000 ORAL SURGERY .00 .00 .00 .00 DRUGS .00 .00 .000 .00 .00 .00 .00 .00 ANESTHESIA .000 .00 .00 .00 .00 PERIODONTICS .000 .00 .00 .00 .00 .000 ENDODONTICS .00 .00 .00 .00 .000 .00 RESTORATIVE DENTISTRY PROSTHETICS .00 .00 .000 .00 .00 .000 DENTURES, STAYPLATES .00 .00 .00 .00

.00

.00

.000

.00

.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,306
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 9,307
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES I	FOR 47 MIA - NO	SOC - AID PAID PENDING	AID COD	E		

PLACER COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC	DE			01/1//05
								NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER U		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,309
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	5	6	130.44	21.74	.013	26.09	.28
INPATIENT VISITS	30	68	2,907.84	42.76	.147	96.93	6.28
HOSPITAL VISITS	30	69	2,907.84	42.14	.149	96.93	6.28
CRITICAL CARE	0	1CR	.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	218	29,901.31	137.16	.471	610.23	64.58
PRINCIPAL SURGEON	29	30	24,345.00	811.50	.065	839.48	52.58
ASSISTANT SURGEON	6	6	1,119.00	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	22	182	4,437.31	24.38	.393	201.70	9.58
OUTPATIENT SURGERY	24	32	2,384.03	74.50	.069	99.33	5.15
PRINCIPAL SURGEON	22	27	2,135.25	79.08	.058	97.06	4.61
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4	141.56	35.39	.009	35.39	.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	49	874.01	17.84	.106	26.49	1.89
RADIOLOGY	84	99	5,536.84	55.93	.214	65.91	11.96
PSYCHIATRY	2	2	65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22	730.19	33.19	.048	66.38	1.58
OTHER SERVICES/ALL X-OVERS	14	33	1,442.52	43.71	.071	103.04	3.12
@PHARMACY	122	257 \$	10,256.77	\$ 39.91	.555 \$	84.07 \$	22.15
PRESCRIPTION DRUGS	121	232	8,156.27	35.16	.501	67.41	17.62
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	121	232	8,156.27	35.16	.501	67.41	17.62
MEDICAL SUPPLIES	9	25	2,100.50	84.02	.054	233.39	4.54
@DENTIST	18	65 \$	1,656.00	\$ 25.48	.140 \$	92.00 \$	3.58
VISITS - DIAGNOSTIC	17	50	722.00	14.44	.108	42.47	1.56
ORAL SURGERY	1	3	135.00	45.00	.006	135.00	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	1		1		215.00		215.00	.002		215.00		.46
RESTORATIVE DENTISTRY	3		11		584.00		53.09	.024		194.67		1.26
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	U											.00
FRACTURES, DISLOCATIONS	Ü		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EX	PENDITUR:	ES 1	MONTH-OF-PAYMENT RE	EPOR?	FOR JAN 2	2002 THRU 1	DEC	2002	P	AGE 9,310
MOP024	FEE-FOR-SERVICE/											01/17/03
PLACER COUNTY	SUMMARY OF SERVI		10 MT7	_ N(O SOC - DDECNANT		AID CO	שתר				01/1//00
FLACER COUNTI	SUMMARI OF SERVI	CES FOR	40 MIA	_ 140	J SOC - FREGNANT		AID CC		_ N.T.III		CE	
4.60								Mo				
463 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		13	\$	311.09	\$	23.93	.028	\$	77.77	\$.67
DIAGNOSTIC AND ANC. PROCED	4		4		182.54		45.64	.009		45.64		.39
EYE APPLIANCES	3		9		128.55		14.28	.019		42.85		.28
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
	0											
@CHIROPRACTOR	Ü		0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	•	.00	.000	·	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00			.00		
RADIO./PATHOLOGY	U							.000				.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3		6	\$	312.23	\$	52.04	.013	\$	104.08	\$.67
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3		9	\$	1,413.28	\$	157.03	.019	\$	471.09	\$	3.05
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ċ		\$.00		\$		\$.00
	137		938	٠ ۲		Ċ	124.18		\$			
@TOTAL HOSPITAL				Ş	116,481.22	Þ			Þ	850.23	\$	251.58
HOSP INPATIENT TOTAL	33		105		104,143.41		991.84	.227		3155.86		224.93
HSC HOSPITALS	17		39		43,026.28		1103.24	.084		2530.96		92.93
NON-HSC HOSPITAL TOTAL	16		66		61 , 117.13		926.02	.143		3819.82		132.00
ACCOMMODATIONS	16		66		26,946.11		408.27	.143		1684.13		58.20
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16		66		26,946.11		408.27	.143		1684.13		58.20
	16		0									
ANCILLARIES			-		34,171.02		.00	.000		2135.69		73.80
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	118		833		12,337.81		14.81	1.799		104.56		26.65
MEDICAL	7		10		183.02		18.30	.022		26.15		.40
SURGERY	12		26		811.80		31.22	.056		67.65		1.75
PATHOLOGY	71		364		3,933.75		10.81	.786		55.40		8.50
RADIOLOGY	13		14		827.78		59.13	.030		63.68		1.79
ROOM USE	60		101		3,481.38		34.47	.218		58.02		7.52
CROSSOVERS/ALL OTH OUTPTNT	44		318		3,100.08		9.75	.687		70.46		6.70
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		U		.00		.00	.000		.00		.00

ADMINITORD ARTICL DAVID	0	0	0.0	0.0	0.00	.00	0.0
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	U	0		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.000		
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	<u> </u>	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 9,311
MOP024	FEE-FOR-SERVICE						01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 48 MIA - N	NO SOC - PREGNANT	AID CO			
					MON		-
463 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	938 \$	116,481.22	\$ 124.18	2.026 \$		\$ 251.58
COMM HOSP INPATIENT TOTAL	33	105	104,143.41	991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39	43,026.28	1103.24	.084	2530.96	92.93
NON-HSC HOSPITALS TOTAL	16	66	61,117.13	926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66	26,946.11	408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	66	26,946.11	408.27	.143	1684.13	58.20
ANCILLARIES	16	0	34,171.02	.00	.000	2135.69	73.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	118	833	12,337.81	14.81	1.799	104.56	26.65
MEDICAL	7	10	183.02	18.30	.022	26.15	.40
SURGERY	12	26	811.80	31.22	.056	67.65	1.75
PATHOLOGY	71	364	3,933.75	10.81	.786	55.40	8.50
RADIOLOGY	13	14	827.78	59.13	.030	63.68	1.79
ROOM USE	60	101	3,481.38	34.47	.218	58.02	7.52
CROSSOVERS/ALL OTH OUTPTNT	44	318	3,100.08	9.75	.687	70.46	6.70
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	U	U	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

0

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INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	92	197	\$	3,135.02	\$	15.91	.425	\$ 34.08	\$	6.77
PATHOLOGY	92	197		3,135.02		15.91	.425	34.08		6.77
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	76	361	\$	23,097.79	\$	63.98	.780	\$ 303.92	\$	49.89
CLINIC	44	288		8,903.76		30.92	.622	202.36		19.23
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	34	73		14,194.03		194.44	.158	417.47		30.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	ES MON	NTH-OF-PAYMENT F	REPORT	r for jan	2002 THRU	DEC 2002	PI	AGE 9,312
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 48 MIA -	- NO S	SOC - PREGNANT		AID C	CODE			
							M	ONTHLY AVERA	GE -	
463 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVI	ERAGE COST	'UNITS/DAY	S COST PER	(COST PER
	OR	DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	38	63	\$	3,148.69	\$	49.98	.136	\$ 82.86	\$	6.80
DURABLE MED. EQUIP.	1	1		96.98		96.98	.002	96.98		.21

463 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	38	63	\$	3,148.69	\$ 49.98	.136	82.86	\$ 6.80
DURABLE MED. EQUIP.	1	1		96.98	96.98	.002	96.98	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22		326.25	14.83	.048	108.75	.70
AMBULANCES/AIR TRANS	3	22		326.25	14.83	.048	108.75	.70
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30		2,636.00	87.87	.065	87.87	5.69
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	10		89.46	8.95	.022	22.37	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,313 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

					MONTHLY AVERAGE							
463 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER		
		OR DAYS OF CAR	₹.		PER	. UNIT/DAY	PER ELIG	USER		ELIGIBLE		
@TOTAL, ALL PROVIDERS	386	2,622	\$	215,585.85	\$	82.22	5.663	\$ 558.51	\$	465.63		
@PHYSICIANS SERVICES	239	713	\$	55 , 773.76	\$	78.22	1.540	\$ 233.36	\$	120.46		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	123	190	11,931.06	62.80	.410	97.00	25.77
OFFICE VISITS	44	56	2,315.75	41.35	.121	52.63	5.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	29	1,511.54	52.12	.063	65.72	3.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	99	7,973.33	80.54	.214	117.25	17.22
OTHER OUTPATIENT	5	6	130.44	21.74	.013	26.09	.28
INPATIENT VISITS	30	68	2,907.84	42.76	.147	96.93	6.28
HOSPITAL VISITS	30	69	2,907.84	42.14	.149	96.93	6.28
CRITICAL CARE	0	1CR	.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	49	218	29,901.31	137.16	.471	610.23	64.58
PRINCIPAL SURGEON	29	30	24,345.00	811.50	.065	839.48	52.58
ASSISTANT SURGEON	6	6	1,119.00	186.50	.013	186.50	2.42
ANESTHESIOLOGIST	22	182	4,437.31	24.38	.393	201.70	9.58
OUTPATIENT SURGERY	24	32	2,384.03	74.50	.069	99.33	5.15
PRINCIPAL SURGEON	22	27	2,135.25	79.08	.058	97.06	4.61
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4	141.56	35.39	.009	35.39	.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	33	49	874.01	17.84	.106	26.49	1.89
RADIOLOGY	84	99	5,536.84	55.93	.214	65.91	11.96
PSYCHIATRY	2	2	65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22	730.19	33.19	.048	66.38	1.58
OTHER SERVICES/ALL X-OVERS	14	33	1,442.52	43.71	.071	103.04	3.12
@ PHARMACY	122	257 \$	10,256.77	\$ 39.91	.555 \$	84.07	\$ 22.15
PRESCRIPTION DRUGS	121	232	8,156.27	35.16	.501	67.41	17.62
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	121	232	8,156.27	35.16	.501	67.41	17.62
MEDICAL SUPPLIES	9	25	2,100.50	84.02	.054	233.39	4.54
@DENTIST	18	65 \$		\$ 25.48	.140 \$		·
VISITS - DIAGNOSTIC	17	50	722.00	14.44	.108	42.47	1.56
ORAL SURGERY	1	3	135.00	45.00	.006	135.00	.29
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.46
RESTORATIVE DENTISTRY	3	11	584.00	53.09	.024	194.67	1.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		NIH-OF-PAYMENT REP	ORT FOR JAN 20	JUZ THRU DE	C 2002	PAGE 9,314
MOP024	FEE-FOR-SERVICE/DEN		NO COC				01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

----- MONTHLY AVERAGE -----463 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 311.09 \$ 23.93 .028 \$ 77.77 \$.67 182.54 45.64 .009 45.64 .39 13 \$ 4 4 DIAGNOSTIC AND ANC. PROCED 4

EYE APPLIANCES	3	9	128.55	14.28	.019	42.85	.28
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	6	\$ 312.23	\$ 52.04	.013	\$ 104.08	\$.67
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	9	\$ 1,413.28	\$ 157.03	.019	\$ 471.09	\$ 3.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	137	938	\$ 116,481.22	\$ 124.18	2.026	\$ 850.23	\$ 251.58
HOSP INPATIENT TOTAL	33	105	104,143.41	991.84	.227	3155.86	224.93
HSC HOSPITALS	17	39	43,026.28	1103.24	.084	2530.96	92.93
NON-HSC HOSPITAL TOTAL	16	66	61,117.13	926.02	.143	3819.82	132.00
ACCOMMODATIONS	16	66	26,946.11	408.27	.143	1684.13	58.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	66	26,946.11	408.27	.143	1684.13	58.20
ANCILLARIES	16	0	34,171.02	.00	.000	2135.69	73.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	118	833	12,337.81	14.81	1.799	104.56	26.65
MEDICAL	7	10	183.02	18.30	.022	26.15	.40
SURGERY	12	26	811.80	31.22	.056	67.65	1.75
PATHOLOGY	71	364	3,933.75	10.81	.786	55.40	8.50
RADIOLOGY	13	14	827.78	59.13	.030	63.68	1.79
ROOM USE	60	101	3,481.38	34.47	.218	58.02	7.52

CROSSOVERS/ALL OTH OUTPTNT	44	318	3	,100.08		9.75	.687	70.46	6.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-OF-P	AYMENT RI	EPORT	FOR JAN 2	002 THRU	DEC 2002	PAGE 9,315
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	49 ALL N	MIA - NO SOC						

463 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S COST PER	101	COST PER
403 EDIGIDDES	ODERO	OR DAYS OF CARE		LAI ENDITORES	PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	938	\$	116,481.22	\$ 124.18	2.026		Ś	251.58
COMM HOSP INPATIENT TOTAL	33	105	Ψ	104,143.41	991.84	.227	3155.86	۲	224.93
HSC HOSPITALS	17	39		43,026.28	1103.24	.084	2530.96		92.93
NON-HSC HOSPITALS TOTAL	16	66		61,117.13	926.02	.143	3819.82		132.00
ACCOMMODATIONS	16	66		26,946.11	408.27	.143	1684.13		58.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	16	66		26,946.11	408.27	.143	1684.13		58.20
ANCILLARIES	16	0		34,171.02	.00	.000	2135.69		73.80
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	118	833		12,337.81	14.81	1.799	104.56		26.65
MEDICAL	7	10		183.02	18.30	.022	26.15		.40
SURGERY	12	26		811.80	31.22	.056	67.65		1.75
PATHOLOGY	71	364		3,933.75	10.81	.786	55.40		8.50
RADIOLOGY	13	14		827.78	59.13	.030	63.68		1.79
ROOM USE	60	101		3,481.38	34.47	.218	58.02		7.52
CROSSOVERS/ALL OTH OUTPINT	44	318		3,100.08	9.75	.687	70.46		6.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	92	197	\$	3,135.02	\$	15.91	.425	\$	34.08	\$	6.77
PATHOLOGY	92	197		3,135.02		15.91	.425		34.08		6.77
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	76	361	\$	23,097.79	\$	63.98	.780	\$	303.92	\$	49.89
CLINIC	44	288		8,903.76		30.92	.622		202.36		19.23
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	34	73		14,194.03		194.44	.158		417.47		30.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES 1	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 9,316
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	49 AL	L MIA	- NO SOC							

	DOINTING OF DEL	VICED FOR 15 MEE MI.	7.7	110 000				
						MON		GE
463 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	38	63 \$		3,148.69	\$ 49.98	.136 \$		\$ 6.80
DURABLE MED. EQUIP.	1	1		96.98	96.98	.002	96.98	.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22		326.25	14.83	.048	108.75	.70
AMBULANCES/AIR TRANS	3	22		326.25	14.83	.048	108.75	.70
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30		2,636.00	87.87	.065	87.87	5.69
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	4	10		89.46	8.95	.022	22.37	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP*	* 0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

PLACER COUNTY	SIIMMARY OF SERV	/ICES FOR 50 MIA - SOC	— Т.T.C	AID CO	JUE:		
THACHIC COOMIT	SOPERATO OF SERV	TOES FOR SO MIA SOC	шс	AID CO	MON	THIY AVERAC	FE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
01 221012220	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	35 \$	4,756.99	\$ 135.91	35.000 \$	792.83	\$ 4756.99
@PHYSICIANS SERVICES	1	1 \$	24.38	\$ 24.38	1.000 \$	24.38	\$ 24.38
OUTPATIENT VISITS	1	1	24.38	24.38	1.000	24.38	24.38
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	1.000	24.38	24.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	•	-	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	17 \$	3,314.23	\$ 194.95	17.000 \$	1657.12	\$ 3314.23
PRESCRIPTION DRUGS	2	17	3,314.23	194.95	17.000	1657.12	3314.23
SNF/ICF	2	17	3,314.23	194.95	17.000	1657.12	3314.23
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ENDODONTICS RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					.00
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	
SPACE MAINTAINERS	U	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	LPORT FOR JAN 2	ZUUZ THKU DE	C 2002	PAGE 9,318

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	50 MIA	- SOC -	· LTC		AID CO				~-	
								M			GE	
01 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST					COST PER
		OR DAYS	OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1		2	\$	157.13	Ś	78.57	2.000	\$	157.13	\$	157.13
HOSP INPATIENT TOTAL	0		0	т	.00	т.	.00	.000	-	.00	4	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1		0									
HOSP OUTPATIENT TOTAL	U T		0		157.13		78.57	2.000		157.13		157.13
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		4.50		.00	.000		.00		4.50
PATHOLOGY	0		0		.64		.00	.000		.00		.64
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		1		140.63		140.63	1.000		140.63		140.63
CROSSOVERS/ALL OTH OUTPTNT	1		1		11.36		11.36	1.000		11.36		11.36
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

FEE-FOR-SERVICE/DENTAL

01/17/03

PLACER COUNTY	SUMMARY OF SERVICES FOR	50 MIA - SOC - LTC	AID CODE	
			MONTHLY AVE	RAGE

					MOI	NTHLY AVERA	GΕ	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 157.13	\$ 78.57	2.000	\$ 157.13	\$	157.13
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1	2	157.13	78.57	2.000	157.13		157.13
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	4.50	.00	.000	.00		4.50
PATHOLOGY	0	0	.64	.00	.000	.00		.64
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	1	1	140.63	140.63	1.000	140.63		140.63
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.36	11.36	1.000	11.36		11.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	1	1	\$ 115.21	\$ 115.21	1.000	\$ 115.21	\$	115.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	1		115.21		115.21	1.000		115.21		115.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	25.05	\$	8.35	3.000	\$	12.53	\$	25.05
PATHOLOGY	2	3		25.05		8.35	3.000		12.53		25.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	178.11	\$	178.11	1.000	\$	178.11	\$	178.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		178.11		178.11	1.000		178.11		178.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-	PAYMENT :	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 9,320
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID (CODE				
							M	IONT	HLY AVERA	GE ·	

					MON	THLY AVERAGE	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	10 \$	942.88	\$ 94.29	10.000 \$	471.44 \$	942.88
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	10	942.88	94.29	10.000	471.44	942.88
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,321 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

PLACER COUNTY	SUMMARY OF SER	VICES FOR SI MIA - SOC	- PREGNANT	AID CC			
							GE
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	25 \$	4,217.58	\$ 168.70	2.273 \$		
@PHYSICIANS SERVICES	4	7 \$	1,711.04	\$ 244.43	.636 \$	427.76	\$ 155.55
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2.	98.13	49.07	.182	49.07	8.92
HOSPITAL VISITS	2	2	98.13	49.07	.182	49.07	8.92
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	1,238.09	1238.09	.091	1238.09	112.55
	1	1					
PRINCIPAL SURGEON	0	0	1,215.91	1215.91	.091	1215.91	110.54
ASSISTANT SURGEON	•		22.18	.00	.000	.00	2.02
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	67.26	33.63	.182	67.26	6.11
PRINCIPAL SURGEON	1	2	67.26	33.63	.182	67.26	6.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	45.76	45.76	.091	45.76	4.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	261.80	261.80	.091	261.80	23.80
@PHARMACY	1	4 \$	245.80	\$ 61.45	.364 \$	245.80	\$ 22.35
PRESCRIPTION DRUGS	1	4	245.80	61.45	.364	245.80	22.35
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	4	245.80	61.45	.364	245.80	22.35
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4 \$	76.93	\$ 19.23	.364 \$		
VISITS - DIAGNOSTIC	2	3	76.93	25.64	.273	38.47	6.99
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.091	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
CDACE MATNEAUTHEDO	0	0	0.0	0.0	000	0.0	0.0

.00

.00 .000

.00

.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE	9,322
MOP024	FEE-FOR-SERVICE/DENTAI						01	/17/03

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

PLACER COUNTY

----- MONTHLY AVERAGE -----11 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST Ω 0 .00 \$.00 .000 \$.00 \$. 00 DIAGNOSTIC AND ANC. PROCED Ω Ω .00 .00 .000 .00 . 00 .00 .00 EYE APPLIANCES 0 .00 .000 . 00 0 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 \$.00 .00 \$.000 \$.00 @CHIROPRACTOR .00 VISITS .00 .000 .00 .00 .00 0 OTHER SERVICES .000 .00 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS Ω .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 0 .00 Ś .00 .000 Ś .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER Ω .00 \$.00 .000 \$.00 \$.00 .909 \$ 2,183.81 \$ 218.38 545.95 \$ @TOTAL HOSPITAL 1.0 198.53 .273 666.71 1000.07 HOSP INPATIENT TOTAL 2,000.13 .00 .00 .091 .00 .00 HSC HOSPITALS 1000.07 .182 2000.13 NON-HSC HOSPITAL TOTAL 2,000.13 181.83 253.75 507.50 ACCOMMODATIONS 507.50 .182 46.14 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE 507.50 253.75 ALL OTHER ACCOM .182 507.50 46.14 1,492.63 .00 .000 1492.63 135.69 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 HOSP OUTPATIENT TOTAL 183.68 26.24 .636 91.84 16.70 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 55.83 27.92 .182 27.92 5.08 RADIOLOGY 49.10 49.10 .091 49.10 4.46 ROOM USE 44.95 44.95 .091 44.95 4.09 33.80 11.27 .273 33.80 3.07 CROSSOVERS/ALL OTH OUTPINT .00 \$.00 .00 \$ @COUNTY HOSPITAL TOTAL .000 \$.00 .00 CO HOSPITAL INPATIENT TOTAL .00 .000 .00 .00 .00 .000 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 9,323
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 51 MIA - SO	C - PREGNANT	AID COD			
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA	L	.00 .00 .00 .00 .00 IONTH-OF-PAYMENT REPORT	.00 .00 .00 .00 FOR JAN 20	.000 .000 .000 .000 .000 THRU DEC	.00	.0 .0 .0 .0 PAGE 9,

PLACER COUNTY	SUMMARY OF SER		51 MIA -	- SOC	- PREGNANT		AID CO	DDE				01/1//05
								M	TNC	HLY AVERA	GE	
11 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		10	\$	2,183.81	\$			\$	545.95	\$	
COMM HOSP INPATIENT TOTAL	2		3		2,000.13		666.71	.273		1000.07		181.83
HSC HOSPITALS	1		1		.00		.00	.091		.00		.00
NON-HSC HOSPITALS TOTAL	1		2		2,000.13		1000.07	.182		2000.13		181.83
ACCOMMODATIONS	1		2		507.50		253.75	.182		507.50		46.14
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		507.50		253.75	.182		507.50		46.14
ANCILLARIES	1		0		1,492.63		.00	.000		1492.63		135.69
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		7		183.68		26.24	.636		91.84		16.70
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		2		55.83		27.92	.182		27.92		5.08
RADIOLOGY	1		1		49.10		49.10	.091		49.10		4.46
ROOM USE	1		1		44.95		44.95	.091		44.95		4.09
CROSSOVERS/ALL OTH OUTPTNT	1		3 0		33.80		11.27	.273		33.80		3.07
@STATE HOSPITAL	0			\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$		\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$		\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DE	C 2002	PAGE 9,324
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE			

I EMOEN COOMII	DOIMMING OF DELL	VIODO 1010 01 11111	200	I I CLI CIVIIIV I	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						MONT	CHLY AVERA	GE
11 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIA

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,325 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 15 5.000 \$ 598.30 @TOTAL, ALL PROVIDERS 60 8,974.57 Ś 149.58 Ś 747.88 1,735.42 216.93 .667 \$ 347.08 @PHYSICIANS SERVICES \$ 144.62 24.38 24.38 .083 24.38 2.03 OUTPATIENT VISITS .00 .00 .00 .000 .00 OFFICE VISITS

.000 HOME VISITS .00 .00 .00 .00 24.38 24.38 24.38 EMERGENCY ROOM .083 2.03 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 98.13 49.07 .167 49.07 INPATIENT VISITS 8.18 HOSPITAL VISITS 98.13 49.07 .167 49.07 8.18 CRITICAL CARE .00 .00 .000 . 00 . 00 .00 .00 . 00 SNF/ICF/TRANS IP CARE .000 . 00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY 1,238.09 1238.09 .083 1238.09 103.17 1215.91 1215.91 PRINCIPAL SURGEON 1,215.91 .083 101.33 ASSISTANT SURGEON 22.18 .00 .000 .00 1.85 .000 .00 .00 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY 67.26 33.63 .167 67.26 5.61 33.63 67.26 67.26 PRINCIPAL SURGEON .167 5.61 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 RADIOLOGY 45.76 45.76 .083 45.76 3.81 PSYCHIATRY .00 . 00 .000 . 00 . 00 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 1 261.80 261.80 .083 261.80 21.82 OTHER SERVICES/ALL X-OVERS 21 @PHARMACY 3,560.03 169.53 1.750 \$ 1186.68 \$ 296.67 21 1.750 1186.68 PRESCRIPTION DRUGS 3,560.03 169.53 296.67 SNF/ICF 17 3,314.23 194.95 1.417 1657.12 276.19 245.80 61.45 .333 245.80 20.48 OUTPATIENTS .00 .00 .000 MEDICAL SUPPLIES .00 .00 .333 76.93 19.23 38.47 \$ @DENTIST 6.41 76.93 25.64 .250 38.47 VISITS - DIAGNOSTIC 6.41 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00

.00

.00

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.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.083	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 9,326
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

PLACER COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA .	- SOC				ONTIT.		CE.	
10 81 1018180	HORDO				7. 7. 7.				HLY AVERA	.GE	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	/	-	COST PER		COST PER
	0	OR DAYS OF CARE		0.0		R UNIT/DAY	PER ELIG		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	12	\$	2,340.94	\$	195.08	1.000	\$	468.19	\$	195.08
HOSP INPATIENT TOTAL	2	3		2,000.13		666.71	.250		1000.07		166.68
HSC HOSPITALS	1	1		.00		.00	.083		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		2,000.13		1000.07	.167		2000.13		166.68
ACCOMMODATIONS	1	2		507.50		253.75	.167		507.50		42.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		507.50		253.75	.167		507.50		42.29
ANCILLARIES	1	0		1,492.63		.00	.000		1492.63		124.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	9		340.81		37.87	.750		113.60		28.40
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		4.50		.00	.000		.00		.38
PATHOLOGY	2	2		56.47		28.24	.167		28.24		4.71
RADIOLOGY	1	1		49.10		49.10	.083		49.10		4.09
ROOM USE	2	2		185.58		92.79	.167		92.79		15.47
CROSSOVERS/ALL OTH OUTPINT	2	4		45.16		11.29	.333		22.58		3.76
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00		Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	т.	.00	.000	r	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
1100011101111110110	9	O .		• 0 0		• • • •	.000		• • • •		• 0 0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 9,327
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	S FOR 52 AT.T. MT.	A - SOC				

PLACER COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
@COMMUNITY HOSPITAL TOTAL	5	OR DAYS OF CARE	\$	2,340.94	PEI S	R UNIT/DAY 195.08	1.000		USER 468.19		ELIGIBLE 195.08
COMM HOSP INPATIENT TOTAL	2	3	Ÿ	2,000.13	۲	666.71	.250	۲	1000.07	۲	166.68
HSC HOSPITALS	1	J 1		2,000.13		.00	.083		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		2,000.13		1000.07	.167		2000.13		166.68
ACCOMMODATIONS	1	2		507.50		253.75	.167		507.50		42.29
ACCOMMODATIONS ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		507.50		253.75	.167		507.50		42.29
ANCILLARIES	1	2		1,492.63		.00	.000		1492.63		124.39
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		340.81		37.87	.750		113.60		28.40
MEDICAL		9		.00		.00	.000		.00		.00
	0	0		4.50					.00		
SURGERY	0	0				.00	.000				.38 4.71
PATHOLOGY		∠		56.47		28.24	.167		28.24		
RADIOLOGY	1	1		49.10		49.10	.083		49.10		4.09
ROOM USE	2	2		185.58		92.79	.167		92.79		15.47
CROSSOVERS/ALL OTH OUTPTNT	2	0	<u>^</u>	45.16	<u> </u>	11.29	.333	á	22.58	<u>^</u>	3.76
@STATE HOSPITAL	0	•	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	1	1	\$	115.21	Ş		.083	Ş		Ş	9.60
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	1		115.21		115.21	.083		115.21		9.60
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	3 \$	25.05	\$	8.35	.250	\$ 12.53	\$	2.09
PATHOLOGY	2	3	25.05		8.35	.250	12.53		2.09
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	178.11	\$	178.11	.083	\$ 178.11	\$	14.84
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1	178.11		178.11	.083	178.11		14.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P7	AGE 9,328
MOP024	FEE-FOR-SERVICE/DE	INTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MIX	A - SOC						

I BROBE COOMII	DOINTING OF BEIN	VICED TOR 52 HER	DOC				
					MON		-
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	10 \$	942.88	\$ 94.29	.833 \$		•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	10	942.88	94.29	.833	471.44	78.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,329 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	7.GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-OF-I	PAYMENT RE	PORT FOR JAN	N 2002 THRU	DEC 2002	PAGE 9,330
MOP024	FEE-FOR-SERVICE/DENTA	L						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 53 FOR 3	FUTURE USE					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 .00 VISITS .00 .000 . 00 OTHER SERVICES .00 .00 .000 .00 . 00 @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 .000 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .00 \$.00 @TOTAL HOSPITAL .00 \$.00 .000 \$.00 \$.00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY .00 .00 .000 .00 .00 .000 RADIOLOGY .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.	00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		00	.000	.00	.00
HSC HOSPITALS	0	0		.00		00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		00	.000	.00	.00
ANCILLARIES	0	0		.00		00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		00	.000	.00	.00
MEDICAL	0	0		.00		00	.000	.00	.00
SURGERY	0	0		.00		00	.000	.00	.00
PATHOLOGY	0	0		.00		00	.000	.00	.00
RADIOLOGY	0	0		.00		00	.000	.00	.00
ROOM USE	0	0		.00		00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	ES MONTH-OF-	-PAYMENT RE	PORT FOR	JAN 20	02 THRU D	EC 2002	PAGE 9,331
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE						

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

OU ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE.

00 221012220	002110	011210 01 02111202	-	2111 2112 1 01120	/	0111107 21110	0001 1210		
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT.	FOR JAN	2002 THRU	DEC 2	2002	PAGE	9,332
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR E	TUTURE USE								
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/DENTAL			.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	\$ \$ DEC 2	.00 .00 .00 .00 .00 .00 .00	\$ \$ PAGE 01	.00 .00 .00 .00 .00 .00 .00

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS		MONTE		28
475 811018180	HORDO	INTEG OF GERLITOR		ATTERNACE COOR	MONT		
475 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	401 244 124	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	401	2,682 \$	224,560.42	\$ 83.73	5.646 \$	560.00	
@PHYSICIANS SERVICES	244	721 \$	57,509.18	\$ 79.76	1.518 \$	235.69	
	124	191	11,955.44	62.59	.402	96.41	25.17
OFFICE VISITS	44	56	2,315.75	41.35	.118	52.63	4.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,535.92	51.20	.063	64.00	3.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	99	7,973.33	80.54	.208	117.25	16.79
OTHER OUTPATIENT	5 32 32	6	130.44	21.74	.013	26.09	.27
INPATIENT VISITS	32	70	3,005.97	42.94	.147	93.94	6.33
HOSPITAL VISITS	32	71	3,005.97	42.34	.149	93.94	6.33
CRITICAL CARE	0	1CR	.00	.00	.002CR	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.000	.00	.00
	0	0	.00 .00 31,139.40		.000	.00	.00
SERVICES AND MATERIALS		0	.00	.00			
INPATIENT HOSPITAL SURGERY	50	1CR 0 0 0 0 0 219	31,139.40	142.19	.461	622.79	65.56
PRINCIPAL SURGEON	30	JI	25,560.91	824.55	.065	852.03	53.81
ASSISTANT SURGEON	6	6	1,141.18	190.20	.013	190.20	2.40
ANESTHESIOLOGIST	22	182	4,437.31	24.38	.383	201.70	9.34
OUTPATIENT SURGERY	25	34	2,451.29	72.10	.072	98.05	5.16
PRINCIPAL SURGEON	23	29	2,202.51	75.95	.061	95.76	4.64
ASSISTANT SURGEON	1	1	107.22	107.22	.002	107.22	.23
ANESTHESIOLOGIST	4	4	141.56	35.39	.008	35.39	.30
DIALYSIS	30 6 22 25 23 1 4 0 33 85	0	.00	.00	.000	.00	.00
PATHOLOGY	33	49	874.01	17.84	.103	26.49	1.84
RADIOLOGY	85	100	5,582.60	55.83	.211	65.68	11.75
PSYCHIATRY	2	2	65.96	32.98	.004	32.98	.14
IMMUNIZATION AND INJECTION	11	22	730.19	33.19	.046	66.38	1.54
OTHER SERVICES/ALL X-OVERS	15	34	1,704.32	50.13	.072	113.62	3.59
@PHARMACY	125	278 \$	13,816.80		.585 \$		
PRESCRIPTION DRUGS	124	253	11,716.30	46.31	.533	94.49	24.67
SNF/ICF	2	17	3,314.23	194.95	.036	1657.12	6.98
OUTPATIENTS	122	236	8,402.07	35.60	.497	68.87	17.69
MEDICAL SUPPLIES	122	25	2,100.50	84.02	.053	233.39	4.42
@DENTIST	124 2 122 9 20	69 \$	•		.145 \$	86.65	
G DENTIST	20	53	1,732.93				
VISITS - DIAGNOSTIC	19		798.93	15.07	.112	42.05	1.68
ORAL SURGERY	1	3	135.00	45.00	.006	135.00	.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.45
RESTORATIVE DENTISTRY	4	12	584.00	48.67	.025	146.00	1.23
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MON					PAGE 9,334
MODO24	MEDI CAL SERVI		OI LAIPENI NE	LOIN LOIN OAIN	LUUZ IIIKO DEC	2002	01/17/02

01/17/03

FEE-FOR-SERVICE/DENTAL

475 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS	OF CARE		PE:	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	4		13	\$ 311.09	\$	23.93	.027	\$	77.77	\$.65
DIAGNOSTIC AND ANC. PROCED	4		4	182.54		45.64	.008		45.64	.38
EYE APPLIANCES	3		9	128.55		14.28	.019		42.85	.27
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00	.00
OTHER SERVICES	0		0	.00		.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00	.00
SURGERY/ANES.	0		0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00	.00
OTHER	0		0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	3		6	\$ 312.23	\$	52.04		\$	104.08	\$.66
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3		9	\$ 1,413.28	\$	157.03	.019	\$	471.09	\$ 2.98
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	142		950	\$ 118,822.16	\$	125.08	2.000	\$	836.78	\$ 250.15
HOSP INPATIENT TOTAL	35		108	106,143.54		982.81	.227		3032.67	223.46
HSC HOSPITALS	18		40	43,026.28		1075.66	.084		2390.35	90.58
NON-HSC HOSPITAL TOTAL	17		68	63,117.26		928.20	.143		3712.78	132.88
ACCOMMODATIONS	17		68	27,453.61		403.73	.143		1614.92	57.80
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	17		68	27,453.61		403.73	.143		1614.92	57.80
ANCILLARIES	17		0	35,663.65		.00	.000		2097.86	75.08
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	121	842		12,678.62		15.06	1.773	104.78		26.69
MEDICAL	7	10		183.02		18.30	.021	26.15		.39
SURGERY	12	26		816.30		31.40	.055	68.03		1.72
PATHOLOGY	73	366		3,990.22		10.90	.771	54.66		8.40
RADIOLOGY	14	15		876.88		58.46	.032	62.63		1.85
ROOM USE	62	103		3,666.96		35.60	.217	59.14		7.72
CROSSOVERS/ALL OTH OUTPTNT	46	322		3,145.24		9.77	.678	68.37		6.62
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC 2002	PAGI	E 9,335
MOP024	FEE-FOR-SERVICE/DENTAL								1	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALI	Y INDIGENT ADULTS						

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 475 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE \$ 125.08 2.000 \$ 250.15 @COMMUNITY HOSPITAL TOTAL 142 950 118,822.16 836.78 \$ COMM HOSP INPATIENT TOTAL 35 108 106,143.54 982.81 .227 3032.67 223.46 40 HSC HOSPITALS 18 43,026.28 1075.66 .084 2390.35 90.58 NON-HSC HOSPITALS TOTAL 17 68 63,117.26 928.20 .143 3712.78 132.88 17 68 27,453.61 403.73 .143 1614.92 57.80 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 17 27,453.61 403.73 .143 1614.92 57.80 17 ANCILLARIES 0 35,663.65 .00 .000 2097.86 75.08 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 121 842 12,678.62 15.06 1.773 104.78 26.69 MEDICAL 7 10 183.02 18.30 .021 26.15 .39 SURGERY 12 26 816.30 31.40 .055 68.03 1.72 73 3,990.22 PATHOLOGY 366 10.90 .771 54.66 8.40 14 RADIOLOGY 15 876.88 58.46 .032 62.63 1.85 62 ROOM USE 103 3,666.96 35.60 .217 59.14 7.72 CROSSOVERS/ALL OTH OUTPTNT 322 3,145.24 9.77 .678 68.37 6.62 .00 @STATE HOSPITAL 0 .00 .00 .000 .00 0 0 .00 .00 MENTALLY ILL .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 115.21 115.21 115.21 .002 .24 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 LEV B-REHAB MD .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	1		115.21		115.21	.002		115.21		.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	94	200	\$	3 , 160.07	\$	15.80	.421	\$	33.62	\$	6.65
PATHOLOGY	94	200		3 , 160.07		15.80	.421		33.62		6.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	77	362	\$	23,275.90	\$	64.30	.762	\$	302.28	\$	49.00
CLINIC	44	288		8 , 903.76		30.92	.606		202.36		18.74
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	35	74		14,372.14		194.22	.156		410.63		30.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 9,336
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	54 ME	DICALLY	INDIGENT ADULTS							

----- MONTHLY AVERAGE -----475 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 40 73 4,091.57 56.05 .154 \$ 102.29 \$ 8.61 96.98 96.98 96.98 DURABLE MED. EQUIP. .002 .20 BLOOD BANK 0 .00 .00 .000 .00 .00 0 .000 .00 HEARING AID DISPENSERS .00 .00 .00 22 326.25 14.83 108.75 MEDICAL TRANSPORTATION .046 .69 14.83 108.75 AMBULANCES/AIR TRANS 326.25 .046 .69 .00 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 30 2,636.00 87.87 87.87 GENETIC DISEASE TESTING .063 5.55 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 10 89.46 8.95 .021 22.37 .19 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 . 00 . 00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES 10 942.88 94.29 .021 471.44 1.99 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 9,337

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

					MON'		
22,464 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17 , 982	603 , 417 \$	24,238,401.26	\$ 40.17	26.862 \$	1347.93	\$ 1078.99
@PHYSICIANS SERVICES	2,494	5,741 \$	117,815.42	\$ 20.52	.256 \$	47.24	\$ 5.24
OUTPATIENT VISITS	237	322	10,938.02	33.97	.014	46.15	.49
OFFICE VISITS	217	296	9,352.30	31.60	.013	43.10	.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	22	1,488.14	67.64	.001	70.86	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	97.58	24.40	.000	24.40	.00
INPATIENT VISITS	29	77	3,405.65	44.23	.003	117.44	.15
HOSPITAL VISITS	20	65	3,005.21	46.23	.003	150.26	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	9	12	400.44	33.37	.001	44.49	.02
OPHTHALMOLOGICAL SERVICES	20	23	949.00	41.26	.001	47.45	.04
	20	23	949.00	41.26	.001	47.45	.04
EXAMINATIONS SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	11	82	6,621.69	80.75	.004	601.97	.29
INPATIENT HOSPITAL SURGERY	6	7	4,517.13	645.30	.004	752.86	.29
PRINCIPAL SURGEON							
ASSISTANT SURGEON	1	1	297.84	297.84	.000	297.84	.01
ANESTHESIOLOGIST	6	74	1,806.72	24.42	.003	301.12	.08
OUTPATIENT SURGERY	34	78	10,090.82	129.37	.003	296.79	.45
PRINCIPAL SURGEON	26	29	8,672.61	299.06	.001	333.56	.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	49	1,418.21	28.94	.002	128.93	.06
DIALYSIS	1	1	225.04	225.04	.000	225.04	.01
PATHOLOGY	33	42	659.21	15.70	.002	19.98	.03
RADIOLOGY	99	168	7,889.73	46.96	.007	79.69	.35
PSYCHIATRY	2	4	145.72	36.43	.000	72.86	.01
IMMUNIZATION AND INJECTION	20	39	280.82	7.20	.002	14.04	.01
OTHER SERVICES/ALL X-OVERS	2,205	4,905	76,609.72	15.62	.218	34.74	3.41
@PHARMACY	15 , 204	161,172 \$	3,558,642.98	\$ 22.08	7.175 \$	234.06	\$ 158.42
PRESCRIPTION DRUGS	15 , 063	67 , 583	3,451,552.70	51.07	3.009	229.14	153.65
SNF/ICF	5 , 422	30,384	1,340,255.37	44.11	1.353	247.19	59.66
OUTPATIENTS	9,887	37,199	2,111,297.33	56.76	1.656	213.54	93.99
MEDICAL SUPPLIES	1,234	93,589	107,090.28	1.14	4.166	86.78	4.77
@DENTIST	1,268	3,868 \$	175,624.15	\$ 45.40	.172 \$	138.50	\$ 7.82
VISITS - DIAGNOSTIC	940	2,488	40,104.54	16.12	.111	42.66	1.79
ORAL SURGERY	121	299	14,167.36	47.38	.013	117.09	.63
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	4	400.00	100.00	.000	133.33	.02
PERIODONTICS	27	34	4,010.00	117.94	.002	148.52	.18
ENDODONTICS	35	53	10,310.00	194.53	.002	294.57	.46
RESTORATIVE DENTISTRY	205	423	37,404.00	88.43	.019	182.46	1.67
PROSTHETICS	12	13	290.00	22.31	.001	24.17	.01
DENTURES, STAYPLATES	216	532	68,863.25	129.44	.024	318.81	3.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	19	22	75.00	3.41	.001	3.95		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2002 THRU DE	C 2002	PAGE	9,338
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/	/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AGE	ED					

PLACER COUNTI	SUMMARI OF SER	VICES FOR 33 ALL	AGED				1.47		11T X 7\17T 7	C E	
22 464 ELICIDIES	HOEDO	INTEG OF CEDITO		EVDENDIBLIDEC	71 7 7	EDACE COCE	MO			GĽ.	
22,464 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		5	USER		COST PER ELIGIBLE
OODEOMEEDIGE	388	OR DAYS OF CAR		20 627 46		R UNIT/DAY		Ċ	53.19	Ċ	-
@OPTOMETRIST		972	\$	20,637.46	\$	21.23	.043	Þ		Ş	.92
DIAGNOSTIC AND ANC. PROCED	95	94		4,352.93		46.31	.004		45.82		.19
EYE APPLIANCES	264	728		13,572.07		18.64	.032		51.41		.60
OTHER OPTOMETRIC SERVICES	99	150		2,712.46		18.08	.007		27.40	_	.12
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	Ş	16.72	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST_	739	879	\$	9,811.51	\$	11.16	.039	Ş	13.28	\$. 44
MEDICINE/INJECTIONS	1	1		51.00		51.00	.000		51.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	738	878		9,760.51		11.12	.039		13.23		.43
@HOME HEALTH AGENCY	7	53	\$	3,620.47	\$	68.31	.002		517.21	\$.16
NURSE ANESTHESIST	7	66	\$	302.97	\$	4.59	.003		43.28	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$		\$	24.00	.000		24.00	\$.00
@TOTAL HOSPITAL	717	4,577	\$		\$	86.88	.204	\$	554.58	\$	17.70
HOSP INPATIENT TOTAL	163	844		322,253.34		381.82	.038		1977.01		14.35
HSC HOSPITALS	36	165		165,831.12		1005.04	.007		4606.42		7.38
NON-HSC HOSPITAL TOTAL	10	42		70,155.60		1670.37	.002		7015.56		3.12
ACCOMMODATIONS	10	42		21,383.65		509.13	.002		2138.37		.95
ADMINISTRATIVE DAYS	2	6		1,327.70		221.28	.000		663.85		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	36		20,055.95		557.11	.002		2506.99		.89
ANCILLARIES	10	0		48,771.95		.00	.000		4877.20		2.17
INPATIENT CROSSOVERS	119	637		86,266.62		135.43	.028		724.93		3.84
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	568	3,733		75,378.16		20.19	.166		132.71		3.36
MEDICAL	15	20		645.68		32.28	.001		43.05		.03
SURGERY	11	10		860.06		86.01	.000		78.19		.04
PATHOLOGY	24	92		1,065.84		11.59	.004		44.41		.05
RADIOLOGY	15	29		2,482.74		85.61	.001		165.52		.11
ROOM USE	29	30		1,781.61		59.39	.001		61.43		.08
CROSSOVERS/ALL OTH OUTPTNT		3 , 552		68,542.23		19.30	.158		131.06		3.05
@COUNTY HOSPITAL TOTAL	7	11	\$	292.49	\$	26.59	.000	Ś	41.78	Ś	.01
CO HOSPITAL INPATIENT TOTAL		0	٧	.00	۲	.00	.000	~	.00	Ψ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	Ü		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	7	11		292.49	26.59	.000	41.78		.01
MEDICAL	1	1		10.25	10.25	.000	10.25		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	1		18.48	18.48	.000	18.48		.00
ROOM USE	1	1		25.39	25.39	.000	25.39		.00
CROSSOVERS/ALL OTH OUTPINT	6	8		238.37	29.80	.000	39.73		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT E	REPORT FOR JAN	2002 THRU DE	EC 2002	P	AGE 9,339
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL A	GED						
						MON	ITHLY AVERA	ιGΕ	
22,464 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	710	4 , 566	\$	397,339.01		.203		\$	17.69
COMM HOSP INPATIENT TOTAL	163	844		322,253.34	381.82	.038	1977.01		14.35
HSC HOSPITALS	36	165		165,831.12	1005.04	.007	4606.42		7.38
NON-HSC HOSPITALS TOTAL	10	42		70,155.60	1670.37	.002	7015.56		3.12
ACCOMMODATIONS	10	42		21,383.65	509.13	.002	2138.37		.95
ADMINISTRATIVE DAYS	2	6		1,327.70	221.28	.000	663.85		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	36		20,055.95	557.11	.002	2506.99		.89
ANCILLARIES	10	0		48,771.95	.00	.000	4877.20		2.17
INPATIENT CROSSOVERS	119	637		86,266.62	135.43	.028	724.93		3.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	561	3 , 722		75 , 085.67	20.17	.166	133.84		3.34
MEDICAL	14	19		635.43	33.44	.001	45.39		.03
SURGERY	11	10		860.06	86.01	.000	78.19		.04
PATHOLOGY	24	92		1,065.84	11.59	.004	44.41		.05
RADIOLOGY	14	28		2,464.26	88.01	.001	176.02		.11
ROOM USE	28	29		1,756.22		.001	62.72		.08
CROSSOVERS/ALL OTH OUTPINT	517	3 , 544		68,303.86	19.27	.158	132.12		3.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,492 20	09,614	\$	19,040,064.80	\$	90.83	9.331	\$	2932.85	\$	847.58
LEV A-INTERMEDIATE	412	L3,573		618,395.83		45.56	.604		1500.96		27.53
LEV B-REHAB MD	25	735		70,183.65		95.49	.033		2807.35		3.12
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	722		322,382.94		446.51	.032		29307.54		14.35
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,055	94,584		18,029,102.38		92.65	8.662		2977.56		802.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	73	295	\$	56,983.05	\$	193.16	.013	\$	780.59	\$	2.54
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	73	295		56,983.05		193.16	.013		780.59		2.54
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	123	514	\$	4,795.50	\$	9.33	.023	\$	38.99	\$.21
PATHOLOGY	115	439		4,763.54		10.85	.020		41.42		.21
XO AND OTHERS	8	75		31.96		.43	.003		4.00		.00
@ORGANIZED OUTPATIENT CLINIC	425	663	\$	79,101.90	\$	119.31	.030	\$	186.12	\$	3.52
CLINIC	10	18		511.97		28.44	.001		51.20		.02
SURGICENTER	42	79		8 , 027.70		101.62	.004		191.14		.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	374	566		70,562.23		124.67	.025		188.67		3.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MO	NTH-OF-PAYMENT R	EPORI	FOR JAN	2002 THRU	DEC	2002	PP	AGE 9,340
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	55 AL	L AGED								

22,464 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,739	215,001 \$	5	773,328.83	\$ 3.60	9.571 \$	282.34	\$ 34.43
DURABLE MED. EQUIP.	249	1,602		90,045.28	56.21	.071	361.63	4.01
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	45		10,951.86	243.37	.002	421.23	.49
MEDICAL TRANSPORTATION	718	29 , 370		98,452.87	3.35	1.307	137.12	4.38
AMBULANCES/AIR TRANS	31	227		3,910.50	17.23	.010	126.15	.17
OTHER TRANS	640	28 , 590		90,785.52	3.18	1.273	141.85	4.04
OTHER SERVICES	57	553		3,756.85	6.79	.025	65.91	.17
ACUPUNCTURE	7	12		227.07	18.92	.001	32.44	.01
ADULT DAY HEALTH CARE CTR	337	4,237		280,353.57	66.17	.189	831.91	12.48
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	86	821		45,151.33	55.00	.037	525.02	2.01
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	362	790		9,976.30	12.63	.035	27.56	. 44
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	18	39		218.07	5.59	.002	12.12	.01
PROSTHETIST/ORTHOTISTS	29	58		1,847.84	31.86	.003	63.72	.08
PROSTHETICS	28	57		1,751.34	30.73	.003	62.55	.08
ORTHOTICS	1	1		96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	15	15		298.46	19.90	.001	19.90	.01
SPEECH AND AUDIOLOGY	143	230		32,089.79	139.52	.010	224.40	1.43
HOSPICE SERVICES	47	1,216		123,480.36	101.55	.054	2627.24	5.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	939	176,566	80,236.03	.45	7.860	85.45	3.57
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4,413	28,040	\$ 540,221.18	\$ 19.27	1.248	\$ 122.42	\$ 24.05

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,341 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,263 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 80,595 63.812 \$ 765.67 \$ @TOTAL, ALL PROVIDERS 967 740,404.80 Ś 9.19 586.23 281 1,012 26,757.87 26.44 .801 \$ 95.22 \$ @PHYSICIANS SERVICES 115 163 6,801.07 .129 41.72 59.14 5.38 OUTPATIENT VISITS 95 .094 119 4,294.52 36.09 45.21 OFFICE VISITS 3.40 Ω .000 HOME VISITS .00 .00 .00 .00 60.74 97.71 EMERGENCY ROOM 2,247.35 .029 1.78 .00 .00 PREVENTIVE CARE 0 0 .00 .000 .00 1 OB VISITS/COMPRE PERI 126.31 126.31 .001 126.31 .10 6 132.89 22.15 .005 22.15 OTHER OUTPATIENT .11 15 1,089.89 72.66 .012 136.24 INPATIENT VISITS HOSPITAL VISITS 13 990.29 76.18 .010 165.05 .78 CRITICAL CARE Ω .00 .00 .000 .00 . 00 99.60 SNF/ICF/TRANS IP CARE 49.80 .002 49.80 .08 323.74 40.47 .006 40.47 .26 OPHTHALMOLOGICAL SERVICES 323.74 40.47 40.47 EXAMINATIONS .006 .26 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 0 .000 .00 Ω .00 .00 .00 ANESTHESIOLOGIST 4,761.33 108.21 .035 264.52 3.77 OUTPATIENT SURGERY 12 3,597.38 276.72 299.78 PRINCIPAL SURGEON 13 .010 2.85 Ω ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 31 ANESTHESIOLOGIST 1,163.95 37.55 .025 129.33 .92 DIALYSIS 0 0 .00 .00 .000 .00 .00 PATHOLOGY 12 19 448.11 23.58 .015 37.34 .35 RADIOLOGY 83 7,387.28 89.00 .066 150.76 5.85 PSYCHIATRY Ω Ω .00 .00 .000 .00 . 00 28.14 14.07 .002 14.07 .02 IMMUNIZATION AND INJECTION 5,918.31 42.27 140 678 8.73 .537 OTHER SERVICES/ALL X-OVERS 4.69 779 17,344 @PHARMACY 232,457.19 13.40 13.732 \$ 298.40 \$ 184.05 3,057 63.75 2.420 256.43 PRESCRIPTION DRUGS 194,886.24 154.30 SNF/ICF 51 383 17,722.84 46.27 .303 347.51 14.03 714 2,674 66.25 2.117 248.13 140.27 OUTPATIENTS 177,163.40 145 14,287 37,570.95 2.63 11.312 259.11 29.75 MEDICAL SUPPLIES 65 15,531.35 249 62.37 .197 \$ 238.94 \$ @DENTIST 12.30 37 18.04 53.63 VISITS - DIAGNOSTIC 110 .087 1,984.35 1.57 50 ORAL SURGERY 9 2,107.00 42.14 .040 234.11 1.67 25.00 DRUGS 1 25.00 .001 25.00 .02 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	3	3	310.00	103.33	.002	103.33	.25
ENDODONTICS	7	10	2,515.00	251.50	.008	359.29	1.99
RESTORATIVE DENTISTRY	22	57	5,310.00	93.16	.045	241.36	4.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	15	3,280.00	218.67	.012	364.44	2.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 9,342
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 56 ALL BLI	ND				
					MON	ITHLY AVERAC	FE

1,263 ELIGIBLES								M	TNO	HLY AVERA	GΕ	
SOPTOMETRIST	1,263 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES					COST PER		COST PER
DIAGNOSTIC AND ANC. PROCED 7			OR DAYS OF CARE	3		PE:		PER ELIG	+			ELIGIBLE
EYE APPLIANCES 18 0 1,720.04 37.39 .036 95.56 1.36 OTHER OPTOMETRIC SERVICES 1 0 0.0 \$.00 .00 .00 .00 \$.00	@OPTOMETRIST		53	\$		\$			\$		\$	
CHIRD OPTOMETRIC SERVICES	DIAGNOSTIC AND ANC. PROCED	,	7		389.82			.006				.31
CHIROPRACTOR	EYE APPLIANCES	18	46		1,720.04		37.39	.036		95.56		1.36
VISITS O 0 0 0 00 000 000 000 000 000 000 000	OTHER OPTOMETRIC SERVICES	1	0		22.30		.00	.000		22.30		.02
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	•	0	\$.00	\$.00	.000	\$.00	\$.00
PODIATRIST	VISITS	0	0		.00		.00	.000		.00		.00
MEDICINE/INJECTIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 SURGERY/ANES. 0 0 0 0 0.00 0.00 0.00 0.00 0.00 SURGERY/ANES. 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.0	OTHER SERVICES	0	0		.00		.00	.000		.00		.00
SURGERY/ANES. 0 0 0 0 0.00 0.00 0.00 0.00 0.00 RADIO./PATHOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	@PODIATRIST	11	12	\$	124.53	\$	10.38	.010	\$	11.32	\$.10
RADIO./PATHOLOGY 0 0 0 0.00 .00 .00 1.00 .00 1.00 COTHER 11 12 124.53 10.38 .010 11.32 .10 11.32	MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
OTHER 11 1 12 12.53 10.38 .010 11.32 .10 CHOME HEALTH AGENCY 0 0 0 \$.0	SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY 0 0 \$.00 .00 \$.00 \$.00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .	RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
NURSE ANESTHESIST 0 0 0 \$.00	OTHER	11	12		124.53		10.38	.010		11.32		.10
NURSE MIDWIFE 0 0 \$.00	@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE 0 0 \$.00	NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00	NURSE MIDWIFE	0	0		.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00	PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL 18 120 41,629.55 346.91 .095 2312.75 32.96 HSC HOSPITALS 4 19 18,157.38 955.65 .015 4539.35 14.38 NON-HSC HOSPITAL TOTAL 2 5 9,295.02 1859.00 .004 4647.51 7.36 ACCOMMODATIONS 2 5 3,076.55 615.31 .004 1538.28 2.44 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HSC HOSPITALS 4 19 18,157.38 955.65 .015 4539.35 14.38 NON-HSC HOSPITAL TOTAL 2 5 9,295.02 1859.00 .004 4647.51 7.36 ACCOMMODATIONS 2 5 3,076.55 615.31 .004 1538.28 2.44 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	111	810	\$	56,243.28	\$	69.44	.641	\$	506.70	\$	44.53
HSC HOSPITALS 4 19 18,157.38 955.65 .015 4539.35 14.38 NON-HSC HOSPITAL TOTAL 2 5 9,295.02 1859.00 .004 4647.51 7.36 ACCOMMODATIONS 2 5 3,076.55 615.31 .004 1538.28 2.44 ADMINISTRATIVE DAYS 0 0 .00	HOSP INPATIENT TOTAL	18	120		41,629.55		346.91	.095		2312.75		32.96
NON-HSC HOSPITAL TOTAL 2 5 9,295.02 1859.00 .004 4647.51 7.36 ACCOMMODATIONS 2 5 3,076.55 615.31 .004 1538.28 2.44 ADMINISTRATIVE DAYS 0 0 .00	HSC HOSPITALS	4	19					.015				14.38
ACCOMMODATIONS 2 5 3,076.55 615.31 .004 1538.28 2.44 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	2	5				1859.00	.004		4647.51		7.36
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	2	5					.004		1538.28		2.44
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM 2 5 3,076.55 615.31 .004 1538.28 2.44 ANCILLARIES 2 0 6,218.47 .00 .000 3109.24 4.92 INPATIENT CROSSOVERS 12 96 14,177.15 147.68 .076 1181.43 11.22 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .00 .00 .00 HOSP OUTPATIENT TOTAL 97 690 14,613.73 21.18 .546 150.66 11.57 MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPINT 59 382 6,879.39 18.01 .302 116.60 5.45	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS 12 96 14,177.15 147.68 .076 1181.43 11.22 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 97 690 14,613.73 21.18 .546 150.66 11.57 MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	ALL OTHER ACCOM	2	5		3,076.55		615.31			1538.28		2.44
INPATIENT CROSSOVERS 12 96 14,177.15 147.68 .076 1181.43 11.22 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 97 690 14,613.73 21.18 .546 150.66 11.57 MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	ANCILLARIES	2	0		6,218.47		.00	.000		3109.24		4.92
HOSP OUTFATIENT TOTAL 97 690 14,613.73 21.18 .546 150.66 11.57 MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	INPATIENT CROSSOVERS	12	96				147.68	.076		1181.43		11.22
HOSP OUTPATIENT TOTAL 97 690 14,613.73 21.18 .546 150.66 11.57 MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45		0	0		.00		.00	.000				.00
MEDICAL 14 30 518.83 17.29 .024 37.06 .41 SURGERY 7 11 358.89 32.63 .009 51.27 .28 PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	HOSP OUTPATIENT TOTAL	97	690		14,613.73			.546				11.57
PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45		14	30				17.29	.024		37.06		.41
PATHOLOGY 28 167 1,549.97 9.28 .132 55.36 1.23 RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	SURGERY	7	11		358.89			.009		51.27		.28
RADIOLOGY 20 38 2,860.20 75.27 .030 143.01 2.26 ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	PATHOLOGY	28	167		1,549.97			.132				1.23
ROOM USE 39 62 2,446.45 39.46 .049 62.73 1.94 CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	RADIOLOGY	20	38									2.26
CROSSOVERS/ALL OTH OUTPTNT 59 382 6,879.39 18.01 .302 116.60 5.45	ROOM USE	39	62				39.46	.049		62.73		1.94
	CROSSOVERS/ALL OTH OUTPINT	59	382					.302				5.45
	@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	-	0	0			•						
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00		0	0									
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00		0	0							.00		.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE	9,343
MOP024	FEE-FOR-SERVICE/DENT	AL					01	/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLI	ND					
					MC	NTHIY AVERAC	FR	

PLACER COUNTY	SUMMARY OF SER	VICES FOR 56 ALL	RLIND					
							NTHLY AVERA	
1,263 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	810	\$	56,243.28	\$ 69.44	.641	•	\$ 44.53
COMM HOSP INPATIENT TOTAL	18	120		41,629.55	346.91	.095	2312.75	32.96
HSC HOSPITALS	4	19		18,157.38	955.65	.015	4539.35	14.38
NON-HSC HOSPITALS TOTAL	2	5		9,295.02	1859.00	.004	4647.51	7.36
ACCOMMODATIONS	2	5 0		3,076.55	615.31	.004	1538.28	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		3,076.55	615.31	.004	1538.28	2.44
ANCILLARIES	2	0		6,218.47	.00	.000	3109.24	4.92
INPATIENT CROSSOVERS	12	96		14,177.15	147.68	.076	1181.43	11.22
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	690		14,613.73	21.18	.546	150.66	11.57
MEDICAL	14	30		518.83	17.29	.024	37.06	.41
SURGERY	7	11		358.89	32.63	.009	51.27	.28
PATHOLOGY	28	167		1,549.97	9.28	.132	55.36	1.23
RADIOLOGY	20	38		2,860.20	75.27	.030	143.01	2.26
ROOM USE	39	62		2,446.45	39.46	.049	62.73	1.94
CROSSOVERS/ALL OTH OUTPTNT	59	382		6,879.39	18.01	.302	116.60	5.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	53	1,327	\$	146,265.88	\$ 110.22	1.051	\$ 2759.73	\$ 115.81
LEV A-INTERMEDIATE	0	, 0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	53	1,327		146,265.88	110.22	1.051	2759.73	115.81
@INTERMEDIATE CARE FACILDD	12	359	\$	58,938.76	\$ 164.17	.284	\$ 4911.56	\$ 46.67
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	359		58,938.76	164.17	.284	4911.56	46.67
@HEMODIALYSIS TOTAL	38	95	\$	26,213.35	\$ 275.93	.075		\$ 20.75
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	95		26,213.35	275.93	.075	689.83	20.75
@REHABILITATION FACILITY	2	5	\$	145.67	\$ 29.13	.004		\$.12
HOSPITAL BASED	0	0	'	20.72	.00	.000	.00	.02
	ű	· ·		=-•-=	. 3 0			

THE PENERS ENGINEER	0		_		104 05		0.4.00	004		60.40		1.0
INDEPENDENT FACILITY	2	4	5	<u>^</u>	124.95	<u> </u>	24.99	.004	<u> </u>	62.48	<u> </u>	.10
@LABORATORY FACILITY	44			\$	1,704.66	\$.112	Ş		Ş	1.35
PATHOLOGY	44		42		1,704.66		12.00	.112		38.74		1.35
XO AND OTHERS	0		0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	118			\$	29,460.24	\$.203	Ş		Ş	23.33
CLINIC	19		44		2,391.65		54.36	.035		125.88		1.89
SURGICENTER	13		55		2,862.19		52.04	.044		220.17		2.27
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87		58		24,206.40		153.21	.125		278.23		19.17
#CALIF DEPT OF HEALTH SERV			DITURE	S MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	F	PAGE 9,344
MOP024	FEE-FOR-SERVICE	,										01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 56	ALL B	LIND								
										THLY AVERA	GΕ	
1,263 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	231	58 , 9	30	\$	144,429.86	\$	2.45	46.659	\$	625.24	\$	114.35
DURABLE MED. EQUIP.	24	1	33		23,461.51		176.40	.105		977.56		18.58
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1		1		25.00		25.00	.001		25.00		.02
MEDICAL TRANSPORTATION	78	16,7	54		47,724.99		2.85	13.265		611.86		37.79
AMBULANCES/AIR TRANS	9		63		2,139.85		33.97	.050		237.76		1.69
OTHER TRANS	68	16,6	64		45,475.70		2.73	13.194		668.76		36.01
OTHER SERVICES	2		27		109.44		4.05	.021		54.72		.09
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	25	3	64		24,336.27		66.86	.288		973.45		19.27
GENETIC DISEASE TESTING	1		1		105.00		105.00	.001		105.00		.08
IHMC, MODEL-NF, NF, AIDS, MSSP	12	1	29		7,529.00		58.36	.102		627.42		5.96
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	14		30		355.15		11.84	.024		25.37		.28
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	4		16		1,823.07		113.94	.013		455.77		1.44
- ,	-				,							

PROSTHETICS	4	16	1,823.07	113.94	.013	455.77	1.44
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	22	81	4,308.28	53.19	.064	195.83	3.41
HOSPICE SERVICES	2	48	5,173.00	107.77	.038	2586.50	4.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	9,324	24,550.49	2.63	7.382	557.97	19.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	32,049	5,038.10	.16	25.375	95.06	3.99
@CALIF. CHILDREN SERVICES*	41	1,515	\$ 48,226.53	\$ 31.83	1.200	\$ 1176.26	\$ 38.18
@XOVER EXCLUDING STATE HOSP**	183	1,397	\$ 54,848.82	\$ 39.26	1.106	\$ 299.72	\$ 43.43

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01/17/03

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

THICHIC COUNTY	BOHHIN OF BEIN	VICES FOR STREET	DIOI	.0.0.0		MOI	NTHLY AVERA	CF
49,413 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EADENDILLIDES	AVERAGE COST			COST PER
49,413 ELIGIBLES	CALCO	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37,523	1,026,488	.E. \$	32,544,457.76	\$ 31.70	20.774		\$ 658.62
@PHYSICIANS SERVICES	11,368	43,154	\$	1,637,069.31		.873		
OUTPATIENT VISITS	6,327	9,863	۲	366,744.01		.200	57.96	
OFFICE VISITS	4,672	6,772		222,013.27				
HOME VISITS	79	114		3,980.47	34.92		50.39	
EMERGENCY ROOM	· •				54.89	.044	70.12	
	1,683	2,150						
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	18	36		2,337.25	64.92	.001	129.85	
OTHER OUTPATIENT	643	791		,	25.78	.016	31.72	
INPATIENT VISITS	759	4,273			46.45	.086	261.51	
HOSPITAL VISITS	610	3,787		161,277.93		.077	264.39	
CRITICAL CARE	71	258			114.98	.005	417.82	
SNF/ICF/TRANS IP CARE	157	228		,,	33.07	.005	48.02	
OPHTHALMOLOGICAL SERVICES	124	149		-,	42.45	.003	51.01	
EXAMINATIONS	123	147		-,	42.59	.003	50.91	
SERVICES AND MATERIALS	2	2		63.52	31.76	.000	31.76	
INPATIENT HOSPITAL SURGERY	399	2 , 558		,	101.40	.052	650.08	
PRINCIPAL SURGEON	306	583		202 , 275.08	346.96	.012	661.03	4.09
ASSISTANT SURGEON	56	63		13,318.56	211.41	.001	237.83	.27
ANESTHESIOLOGIST	159	1,912		43,789.33	22.90	.039	275.40	.89
OUTPATIENT SURGERY	795	1,996		162,480.26	81.40	.040	204.38	3.29
PRINCIPAL SURGEON	651	846		127,449.23	150.65	.017	195.77	2.58
ASSISTANT SURGEON	10	10		1,219.18	121.92	.000	121.92	.02
ANESTHESIOLOGIST	205	1,140		33,811.85	29.66	.023	164.94	.68
DIALYSIS	62	237		18,370.36	77.51	.005	296.30	.37
PATHOLOGY	792	1,529		29,693.95	19.42	.031	37.49	.60
RADIOLOGY	2,547	5,666		288,932.53	50.99	.115	113.44	5.85
PSYCHIATRY	119	126		4,354.25	34.56	.003	36.59	.09
IMMUNIZATION AND INJECTION	428	1,742		28,901.16	16.59	.035	67.53	.58
OTHER SERVICES/ALL X-OVERS	4,550	15,015		273,402.56	18.21	.304	60.09	5.53
@PHARMACY	31,476	314,135	\$	13,267,593.78		6.357	\$ 421.51	\$ 268.50
PRESCRIPTION DRUGS	31,176	140,103	•		87.97	2.835	395.33	249.42
SNF/ICF	1,461	12,564		697,635.91		.254	477.51	14.12
OUTPATIENTS	29,962	•			91.17	2.581	388.06	235.31
	•	•		•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	2 , 335	174 , 032		942 , 790.60		5.42	3.522	403.	.76	19.	08
@DENTIST	3 , 591	14,598	\$	673 , 244.86	\$ 4	6.12	.295	\$ 187.	.48	\$ 13.	62
VISITS - DIAGNOSTIC	2,354	8,842		124,360.11	1	4.06	.179	52.	. 83	2.	52
ORAL SURGERY	458	1,259		61,192.75	4	8.60	.025	133.	. 61	1.	24
DRUGS	22	25		467.50	1	8.70	.001	21.	.25	•	01
ANESTHESIA	17	17		1,650.00	9	7.06	.000	97.	.06		03
PERIODONTICS	188	265		40,305.00	15	2.09	.005	214.	. 39		82
ENDODONTICS	251	357		78,411.25	21	9.64	.007	312.	.40	1.	59
RESTORATIVE DENTISTRY	1,182	2,851		259,607.75	9	1.06	.058	219.	. 63	5.	25
PROSTHETICS	28	29		845.00	2	9.14	.001	30.	.18		02
DENTURES, STAYPLATES	341	798		96,633.00	12	1.09	.016	283.	. 38	1.	96
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		00
MAXILLOFACIAL SERVICES	7	8		250.00	3	1.25	.000	35.	.71		01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		00
ORTHODONTIC SERVICES	52	86		9,247.50	10	7.53	.002	177.	.84		19
ALL OTHER SERVICES	53	61		275.00		4.51	.001	5.	.19		01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT FO	R JAN 20	002 THRU	DEC 2002		PAGE 9	,346
MOP024	FEE-FOR-SERVICE/DEN	ITAL								01/1	7/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 57 AT.T.	DISARI	.ED							

----- MONTHLY AVERAGE -----

PLACER COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

49,413 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	ERAGE COST		COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	1,170	3,162	\$ 68,977.94		.064		Ś	
DIAGNOSTIC AND ANC. PROCED	515	520	23,772.37	45.72	.011	46.16		.48
EYE APPLIANCES	862	2,404	39,266.76		.049	45.55		.79
	171	238	5,938.81					
@CHIROPRACTOR	245	437	\$ 7,061.51		.009	\$		
VISITS	229	408	6,679.14		.008	29.17		.14
OTHER SERVICES	16	29	382.37		.001	23.90		.01
@PODIATRIST	515	1,043	\$ 15,643.81	\$ 15.00	.021	\$ 30.38	\$.32
MEDICINE/INJECTIONS	117	132	3,423.44	25.94	.003	29.26		.07
SURGERY/ANES.	14	18	1,014.95	56.39	.000	72.50		.02
RADIO./PATHOLOGY	6	6	103.80	17.30	.000	17.30		.00
OTHER	395	887	11,101.62	12.52	.018	28.11		.22
@HOME HEALTH AGENCY	288	19,110	\$ 659,260.21	\$ 34.50	.387	\$ 2289.10	\$	13.34
NURSE ANESTHESIST	11	159	\$ 696.71	\$ 4.38	.003	\$ 63.34	\$.01
NURSE MIDWIFE	2	3	\$ 665.24	\$ 221.75	.000	\$ 332.62	\$.01
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 56.03	\$.000	\$ 56.03		.00
FAMILY NURSE PRACTITIONER	26	43	\$ 1,062.55		.001			.02
@TOTAL HOSPITAL	5,466	38,657	\$ 6,680,874.66	\$		\$ 1222.26	\$	135.20
HOSP INPATIENT TOTAL	761	5 , 615	5,798,223.00	1032.63	.114	7619.22		117.34
HSC HOSPITALS	367	2 , 787	3,098,739.38	1111.85	.056	8443.43		62.71
NON-HSC HOSPITAL TOTAL	211	1,442	2,519,370.13	1747.14	.029	11940.14		50.99
ACCOMMODATIONS	211	1,442	838,942.38	581.79	.029	3976.03		16.98
ADMINISTRATIVE DAYS	31	362	82,048.81		.007	2646.74		1.66
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00		.00
ALL OTHER ACCOM	186	1,080	756 , 868.40	700.80	.022	4069.18		15.32
ANCILLARIES	211	0	1,680,427.75	.00	.000	7964.11		34.01
INPATIENT CROSSOVERS	208	1,386	180,113.49	129.95	.028	865.93		3.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,979	33,042	882,651.66	26.71	.669	177.27		17.86
MEDICAL	905	1,404	62,563.64	44.56	.028	69.13		1.27
SURGERY	395	430	47,064.76	109.45	.009	119.15		.95
PATHOLOGY	1,810	10,303	98,616.99	9.57	.209	54.48		2.00
RADIOLOGY	1,234	1,996	175,568.25	87.96	.040	142.28		3.55
ROOM USE	2,665	4,003	165,014.42	41.22	.081	61.92		3.34

CROSSOVERS/ALL OTH OUTPINT	2,763	14,906	33	33,823.60		22.40	.302	120.82		6.76
@COUNTY HOSPITAL TOTAL	52	352	\$ 1	72,918.22	\$	491.24	.007	\$ 3325.35	\$	3.50
CO HOSPITAL INPATIENT TOTAL	6	148	16	6,633.48		1125.90	.003	27772.25		3.37
HSC HOSPITALS	6	148	16	66,633.48		1125.90	.003	27772.25		3.37
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	47	204		6,284.74		30.81	.004	133.72		.13
MEDICAL	19	23		949.72		41.29	.000	49.99		.02
SURGERY	2	4		633.41		158.35	.000	316.71		.01
PATHOLOGY	21	91		1,288.76		14.16	.002	61.37		.03
RADIOLOGY	2	3		254.47		84.82	.000	127.24		.01
ROOM USE	34	48		1,889.17		39.36	.001	55.56		.04
CROSSOVERS/ALL OTH OUTPTNT	11	35		1,269.21		36.26	.001	115.38		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	-PAYMENT	REPORT	r for Jan	2002 THRU	DEC 2002	PAGE	9,347
MOP024	FEE-FOR-SERVICE/DENTA	L							01	/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 57 ALL D	ISABLED							
							M	ONTHLY AVERA	GE	

49,413 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,422	•	\$ 	\$ 169.90		\$ 1200.29	Ş	131.71
COMM HOSP INPATIENT TOTAL	755	5,467	-, ,	1030.11	.111	7459.06		113.97
HSC HOSPITALS	361	2,639	_,,,,,,,,,,	1111.07	.053	8122.18		59.34
NON-HSC HOSPITALS TOTAL	211	1,442	2,519,370.13	1747.14	.029	11940.14		50.99
ACCOMMODATIONS	211	1,442	838,942.38	581.79	.029	3976.03		16.98
ADMINISTRATIVE DAYS		362	•	226.65	.007	2646.74		1.66
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00		.00
ALL OTHER ACCOM	186	1,080		700.80	.022	4069.18		15.32
ANCILLARIES	211	0	1,680,427.75	.00	.000	7964.11		34.01
INPATIENT CROSSOVERS	208	1 , 386	180,113.49	129.95	.028	865.93		3.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,940	32,838	876,366.92	26.69	.665	177.40		17.74
MEDICAL	888	1,381	61,613.92	44.62	.028	69.39		1.25
SURGERY	393	426	46,431.35		.009	118.15		.94
PATHOLOGY	1,790	10,212	97,328.23	9.53	.207	54.37		1.97
RADIOLOGY	1,232	1,993	175,313.78	87.96	.040	142.30		3.55
ROOM USE	2,635	3,955		41.25	.080	61.91		3.30
CROSSOVERS/ALL OTH OUTPINT	2,752	14,871	332,554.39	22.36	.301	120.84		6.73
@STATE HOSPITAL	12	365	\$ 160,256.90	\$ 439.06	.007	\$ 13354.74	\$	3.24
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	12	365	160,256.90	439.06	.007	13354.74		3.24
@NURSING FACILITY	857	25,473	\$ 2,938,776.40	\$ 115.37	.516	\$ 3429.14	\$	59.47
LEV A-INTERMEDIATE	63	2,182	120,375.83	55.17	.044			2.44
LEV B-REHAB MD	5	121	14,492.20	119.77	.002	2898.44		.29
LEV B-SUBACUTE FREESTANDING	2	30		328.05	.001	4920.75		.20
LEV B-SUBACUTE HSPTL BASED	12	515	255,966.90	497.02	.010	21330.58		5.18
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	779	22,625	2,538,099.97	112.18	.458	3258.15		51.37
@INTERMEDIATE CARE FACILDD	499	15 , 278	\$.309	\$ 4742.47	\$	47.89
ICF DDH	217	6,662		138.41	.135		·	18.66
ICF DD	6	182	23,452.52	128.86	.004	3908.75		.47

ICF DDN/DDCN	276	8,434		1,420,987.42		168.48	.171		5148.51		28.76
@HEMODIALYSIS TOTAL	256	5,184	\$	304,169.24	\$	58.67	.105	\$	1188.16	\$	6.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	256	5,184		304,169.24		58.67	.105		1188.16		6.16
@REHABILITATION FACILITY	33	138	\$	3,697.97	\$	26.80	.003	\$	112.06	\$.07
HOSPITAL BASED	29	120		3,232.25		26.94	.002		111.46		.07
INDEPENDENT FACILITY	4	18		465.72		25.87	.000		116.43		.01
@LABORATORY FACILITY	2,739	11,969	\$	150,339.50	\$	12.56	.242	\$	54.89	\$	3.04
PATHOLOGY	2,723	11,952		150,189.14		12.57	.242		55.16		3.04
XO AND OTHERS	16	17		150.36		8.84	.000		9.40		.00
@ORGANIZED OUTPATIENT CLINIC	4,288	7 , 572	\$	1,154,888.63	\$	152.52	.153	\$	269.33	\$	23.37
CLINIC	295	703		16,724.72		23.79	.014		56.69		.34
SURGICENTER	114	490		22,700.27		46.33	.010		199.13		.46
HEROIN DETOX CLINIC	3	56		657.91		11.75	.001		219.30		.01
RURAL HEALTH CLINIC	3 , 915	6,323		1,114,805.73		176.31	.128		284.75		22.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 9,348
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES	FOR 57 ALI	DIS	ABLED							

49,413 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,812 @ALL OTHER PROVIDERS 526,006 2,453,627.58 4.66 10.645 \$ 360.19 \$ 49.66 DURABLE MED. EQUIP. 838 3,114 546,947.31 175.64 .063 652.68 11.07 BLOOD BANK 3 30 454.00 15.13 .001 151.33 .01 18 22 6,563.69 298.35 .000 364.65 HEARING AID DISPENSERS .13 76,125 1,262 316,104.52 4.15 1.541 250.48 MEDICAL TRANSPORTATION 580 7,345 107,192.56 14.59 .149 184.81 2.17 AMBULANCES/AIR TRANS OTHER TRANS 646 67,813 193,352.20 2.85 1.372 299.31 3.91 .020 OTHER SERVICES 967 15,559.76 16.09 210.27 .31 25 54 931.30 17.25 .001 37.25 ACUPUNCTURE .02 629 .206 10,183 679,087.96 66.69 1079.63 13.74 ADULT DAY HEALTH CARE CTR 7 7 88.86 GENETIC DISEASE TESTING 622.00 .000 88.86 .01 180 IHMC, MODEL-NF, NF, AIDS, MSSP 6,029 231,722.33 38.43 .122 1287.35 4.69 23 296 OCCUPATIONAL THERAPIST 1,973.98 6.67 .006 85.83 OPTICIAN 1,013 2,299 28,016.78 12.19 .047 27.66 .57 PHYSICAL THERAPIST 31 12.13 .007 140.83 360 4,365.64 .09 11 187.94 17.09 23.49 PORTABLE X-RAY .000 .00 PROSTHETIST/ORTHOTISTS 185 472 44,381.80 94.03 .010 239.90 .90 43,835.63 PROSTHETICS 176 460 95.29 .009 249.07 .89 ORTHOTICS 9 12 546.17 45.51 .000 60.69 .01 PSYCHOLOGIST 11 19 668.86 35.20 .000 60.81 .01 SPEECH AND AUDIOLOGY 1,093 4,387 178,497.53 40.69 .089 163.31 3.61 HOSPICE SERVICES 96,466.24 132.15 .015 3215.54 1.95 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 40,240 119,506.16 2.97 .814 223.79 LOCAL EDUCATION AGENCIES .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .000 .00 0 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 0 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1,692 381,628 197,129.54 .52 7.723 116.51 3.99 16,929 .343 \$ 1493.25 @CALIF. CHILDREN SERVICES* 976,586.08 57.69 19.76 @XOVER EXCLUDING STATE HOSP** 5,357 58,780 \$ 755,242.34 12.85 1.190 \$ 140.98 15.28

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

I HIICHIC COOMII	DOTHER OF DEED	VICED FOR SO THE F	231111	110				
						MON	THLY AVERA	.GE
107,892 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	47,806	245,411	\$	12,747,906.48	\$ 51.95	2.275 \$		\$ 118.15
@PHYSICIANS SERVICES	22 , 926	51 , 946	\$	2,230,245.57	\$ 42.93	.481 \$	97.28	\$ 20.67
OUTPATIENT VISITS	18 , 767	26,000		925,423.93	35.59	.241	49.31	8.58
OFFICE VISITS	13,603	17 , 781		557 , 865.90	31.37	.165	41.01	5.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4,272	4,938		219,869.27	44.53	.046	51.47	2.04
PREVENTIVE CARE	17	17		713.20	41.95	.000	41.95	.01
OB VISITS/COMPRE PERI	861	1,448		104,311.32	72.04	.013	121.15	.97
OTHER OUTPATIENT	1,558	1,816		42,664.24	23.49	.017	27.38	.40
INPATIENT VISITS	668	2 , 069		111,837.20	54.05	.019	167.42	1.04
HOSPITAL VISITS	649	1,834		81,487.62	44.43	.017	125.56	.76
CRITICAL CARE	51	235		30,349.58	129.15	.002	595.09	.28
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	75	80		2,905.81	36.32	.001	38.74	.03
EXAMINATIONS	59	63		2,816.83	44.71	.001	47.74	.03
SERVICES AND MATERIALS	17	17		88.98	5.23	.000	5.23	.00
INPATIENT HOSPITAL SURGERY	749	3 , 516		446,346.50	126.95	.033	595.92	4.14
PRINCIPAL SURGEON	494	611		360,280.70	589.66	.006	729.31	3.34
ASSISTANT SURGEON	100	101		17,500.30	173.27	.001	175.00	.16
ANESTHESIOLOGIST	304	2,804		68,565.50	24.45	.026	225.54	.64
OUTPATIENT SURGERY	1,649	3 , 613		249,079.57	68.94	.033	151.05	2.31
PRINCIPAL SURGEON	1,368	1 , 651		196,672.47	119.12	.015	143.77	1.82
ASSISTANT SURGEON	19	19		1,895.47	99.76	.000	99.76	.02
ANESTHESIOLOGIST	384	1,943		50,511.63	26.00	.018	131.54	.47
DIALYSIS	4	11		856.34	77.85	.000	214.09	.01
PATHOLOGY	2,493	3,215		44,029.88	13.70	.030	17.66	.41
RADIOLOGY	4,061	6,245		277,801.71	44.48	.058	68.41	2.57
PSYCHIATRY	249	291		9,928.38	34.12	.003	39.87	.09

IMMUNIZATION AND INJECTION	612	1,667		53,838.35		32.30	.015		87.97		.50
OTHER SERVICES/ALL X-OVERS	1,761	5,239		108,197.90		20.65	.049		61.44		1.00
@PHARMACY	22 , 554	55 , 391	\$	3,316,575.91	\$	59.88	.513	\$	147.05	\$	30.74
PRESCRIPTION DRUGS	22,418	49,814	2	2,817,415.88		56.56	.462		125.68		26.11
SNF/ICF	28	195		5,836.90		29.93	.002		208.46		.05
OUTPATIENTS	22,406	49,619		2,811,578.98		56.66	.460		125.48		26.06
MEDICAL SUPPLIES	508	5 , 577		499,160.03		89.50	.052		982.60		4.63
@DENTIST	7,262	32 , 763	\$	1,189,737.18	\$	36.31	.304	\$	163.83	\$	11.03
VISITS - DIAGNOSTIC	5,061	20,794		314,851.54		15.14	.193		62.21		2.92
ORAL SURGERY	867	1,671		87,467.50		52.34	.015		100.89		.81
DRUGS	275	302		7,118.75		23.57	.003		25.89		.07
ANESTHESIA	35	35		3,100.00		88.57	.000		88.57		.03
PERIODONTICS	135	159		20,500.00		128.93	.001		151.85		.19
ENDODONTICS	634	1,155		183,899.49		159.22	.011		290.06		1.70
RESTORATIVE DENTISTRY	2,793	7,621		494,003.20		64.82	.071		176.87		4.58
PROSTHETICS	35	36		900.00		25.00	.000		25.71		.01
DENTURES, STAYPLATES	86	270		28,074.00		103.98	.003		326.44		.26
SPACE MAINTAINERS	64	78		10,111.93		129.64	.001		158.00		.09
MAXILLOFACIAL SERVICES	23	28		1,619.49		57.84	.000		70.41		.02
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	302	411		36,891.28		89.76	.004		122.16		.34
ALL OTHER SERVICES	94	202		1,060.00		5.25	.002		11.28		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH	-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PAG	E 9,350
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	58 ALL	FAMILIES								

----- MONTHLY AVERAGE -----107,892 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,438 4,034 95,200.02 23.60 .037 \$ 66.20 \$.88 51,473.71 46.16 .010 46.67 DIAGNOSTIC AND ANC. PROCED 1,103 1,115 .48 .027 1,014 2,863 42,295.32 14.77 41.71 .39 EYE APPLIANCES 25.55 32.52 OTHER OPTOMETRIC SERVICES 44 56 1,430.99 .001 .01 @CHIROPRACTOR 192 282 4,706.68 16.69 .003 \$ 24.51 \$.04 282 16.69 VISITS 4,706.68 .003 24.51 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 117 208 7,985.64 38.39 .002 \$ 68.25 \$.07 @PODIATRIST 118 31.05 39.40 .03 MEDICINE/INJECTIONS 3,664.38 .001 31 SURGERY/ANES. 1,960.55 63.24 .000 78.42 .02 RADIO./PATHOLOGY 18 20 346.49 17.32 .000 19.25 .00 22 OTHER 39 2,014.22 51.65 .000 91.56 .02 .069 \$ @HOME HEALTH AGENCY 79 7,463 227,423.12 30.47 2878.77 2.11 NURSE ANESTHESIST 0 0 .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE 11 28 1,836.65 65.59 .000 \$ 166.97 .02 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 115.49 38.50 .000 \$ 57.75 .00 FAMILY NURSE PRACTITIONER 32,905 3,944,451.28 119.87 .305 \$ 468.96 @TOTAL HOSPITAL 8,411 36.56 2,573 HOSP INPATIENT TOTAL 702 3,165,975.01 1230.46 .024 4509.94 29.34 HSC HOSPITALS 460 1,531 1,755,421.43 1146.58 .014 3816.13 16.27 NON-HSC HOSPITAL TOTAL 240 1,008 1,405,830.78 1394.67 5857.63 13.03 .009 240 1,008 ACCOMMODATIONS 566,158.32 561.67 .009 2358.99 5.25 17 3,598.84 211.70 899.71 ADMINISTRATIVE DAYS 4 .000 .03 0 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 237 991 562,559.48 567.67 .009 ALL OTHER ACCOM 2373.67 5.21 ANCILLARIES 240 0 839,672.46 .00 .000 3498.64 7.78 INPATIENT CROSSOVERS 5 34 3,851.80 113.29 .000 770.36 .04 ALL OTHER INPATIENT 871.00 .00 .000 871.00 .01

HOOD OURDARTENE HORAT	7 040	20 222		770 476 07	25 67	0.01	07.00	7	
HOSP OUTPATIENT TOTAL	•	30,332		778,476.27	25.67	.281	97.93	/	.22
MEDICAL	1,013	1,499		44,116.86	29.43	.014	43.55		.41
SURGERY	851	950		32,438.72	34.15	.009	38.12		.30
PATHOLOGY	•	10,216		106,619.71	10.44	.095	39.90	_	.99
RADIOLOGY	2,127	2,880		172,143.38	59.77	.027	80.93		.60
ROOM USE	6 , 297	7,951		315,334.58	39.66	.074	50.08		2.92
CROSSOVERS/ALL OTH OUTPINT	3,049	6,836		107,823.02	15.77	.063	35.36		.00
@COUNTY HOSPITAL TOTAL	31	125	\$	12 , 217.67	\$ 97.74	.001	•	\$.11
CO HOSPITAL INPATIENT TOTAL	2	6		6 , 515.00	1085.83	.000	3257.50		.06
HSC HOSPITALS	2	6		6 , 515.00	1085.83	.000	3257.50		.06
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	31	119		5,702.67	47.92	.001	183.96		.05
MEDICAL	14	17		669.18	39.36	.000	47.80		.01
SURGERY	5	10		229.91	22.99	.000	45.98		.00
PATHOLOGY	10	28		733.26	26.19	.000	73.33		.01
RADIOLOGY	7	12		2,218.83	184.90	.000	316.98		.02
ROOM USE	20	32		1,352.23	42.26	.000	67.61		.01
CROSSOVERS/ALL OTH OUTPINT	15	20		499.26	24.96	.000	33.28		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MOI	TH-OF-PAYMENT RE				PAGE	9,351
MOP024	FEE-FOR-SERVICE/DENTAL								17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	58 ALI	L FAMIL	IES				/	,
				-		M	ONTHLY AVERA	GE	

						MO	NIDLI AVERA	.GE
107,892 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,386	32 , 780	\$	3,932,233.61	\$ 119.96	.304	\$ 468.90	\$ 36.45
COMM HOSP INPATIENT TOTAL	700	2 , 567		3,159,460.01	1230.80	.024	4513.51	29.28
HSC HOSPITALS	458	1,525		1,748,906.43	1146.82	.014	3818.57	16.21
NON-HSC HOSPITALS TOTAL	240	1,008		1,405,830.78	1394.67	.009	5857.63	13.03
ACCOMMODATIONS	240	1,008		566,158.32	561.67	.009	2358.99	5.25
ADMINISTRATIVE DAYS	4	17		3,598.84	211.70	.000	899.71	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	237	991		562,559.48	567.67	.009	2373.67	5.21
ANCILLARIES	240	0		839,672.46	.00	.000	3498.64	7.78
INPATIENT CROSSOVERS	5	34		3,851.80	113.29	.000	770.36	.04
ALL OTHER INPATIENT	1	0		871.00	.00	.000	871.00	.01
COMM HOSP OUTPATIENT TOTAL	7 , 923	30,213		772,773.60	25.58	.280	97.54	7.16
MEDICAL	999	1,482		43,447.68	29.32	.014	43.49	.40
SURGERY	846	940		32,208.81	34.26	.009	38.07	.30
PATHOLOGY	2,663	10,188		105,886.45	10.39	.094	39.76	.98
RADIOLOGY	2,120	2,868		169,924.55	59.25	.027	80.15	1.57
ROOM USE	6 , 281	7 , 919		313,982.35	39.65	.073	49.99	2.91
CROSSOVERS/ALL OTH OUTPTNT	3 , 035	6,816		107,323.76	15.75	.063	35.36	.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	120	\$	11,099.23	\$ 92.49	.001	\$ 2219.85	\$.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	120		11,099.23		92.49	.001		2219.85		.10
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	138	\$	2,604.38	\$	18.87	.001	\$	1302.19	\$.02
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	138		2,604.38		18.87	.001		1302.19		.02
@REHABILITATION FACILITY	11	24	\$	1,426.33	\$	59.43	.000	\$	129.67	\$.01
HOSPITAL BASED	11	24		1,426.33		59.43	.000		129.67		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4,562	13,507	\$	196,669.16	\$	14.56	.125	\$	43.11	\$	1.82
PATHOLOGY	4,562	13,507		196,669.16		14.56	.125		43.11		1.82
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5 , 075	10,763	\$	1,224,830.93	\$	113.80	.100	\$	241.35	\$	11.35
CLINIC	1,400	4,670		126,894.58		27.17	.043		90.64		1.18
SURGICENTER	132	837		27,344.13		32.67	.008		207.15		.25
HEROIN DETOX CLINIC	1	20		231.69		11.58	.000		231.69		.00
RURAL HEALTH CLINIC	3 , 597	5,236		1,070,360.53		204.42	.049		297.57		9.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PΖ	AGE 9,352
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F	OR 58 ALI	L FAM	MILIES							

TEMODIC GOOMIT	BOILDING OF BEIN	V1020 1010 00 1122		1110		MOI	NTHLY AVERA	CF
107,892 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	AVERAGE COST			COST PER
107,092 EDIGIBLES	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,271	35,836	\$	292,998.91	\$ 8.18	.332		-
DURABLE MED. EQUIP.	253	503	7	25,920.79	51.53	.005	102.45	.24
BLOOD BANK	0	0		38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	406	6,470		87,914.56	13.59	.060	216.54	.81
AMBULANCES/AIR TRANS	393	5,212		74,416.11	14.28	.048	189.35	.69
OTHER TRANS	12	1,233		2,242.36	1.82	.011	186.86	.02
OTHER SERVICES	7	25		11,256.09	450.24	.000	1608.01	.10
ACUPUNCTURE	5	12		205.45	17.12	.000	41.09	.00
ADULT DAY HEALTH CARE CTR	7	70		4,657.80	66.54	.001	665.40	.04
GENETIC DISEASE TESTING	247	249		20,710.00	83.17	.002	83.85	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6		918.90	153.15	.000	459.45	.01
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,069	2,329		21,777.84	9.35	.022	20.37	.20
PHYSICAL THERAPIST	31	427		5,214.88	12.21	.004	168.22	.05
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	99	155		11,429.07	73.74	.001	115.45	.11
PROSTHETICS	94	148		10,982.74	74.21	.001	116.84	.10
ORTHOTICS	5	7		446.33	63.76	.000	89.27	.00
PSYCHOLOGIST	15	72		2,830.06	39.31	.001	188.67	.03
SPEECH AND AUDIOLOGY	128	230		30,830.62	134.05	.002	240.86	.29
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,007.23	1007.23	.000	1007.23	.01
LOCAL EDUCATION AGENCIES	2,060	7 , 495		67,306.43	8.98	.069	32.67	.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	44	17 , 817		12,237.28	.69	.165	278.12	.11
@CALIF. CHILDREN SERVICES*	481	7 , 967	\$	1,182,230.30	\$ 148.39	.074	\$ 2457.86	\$ 10.96

@XOVER EXCLUDING STATE HOSP** 100 582 \$ 12,019.87 \$ 20.65 .005 \$ 120.20 \$.11

PAGE 9,353

----- MONTHLY AVERAGE -----

01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

					===== MON	ITLI AVERA	GE
6,126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,068	55 , 780 \$	1,099,375.97	\$ 19.71	9.105 \$	358.34	\$ 179.46
@PHYSICIANS SERVICES	1,471	3,627 \$		\$ 52.77	.592 \$		
OUTPATIENT VISITS	1,057	1,491	63,026.26	42.27	.243	59.63	10.29
OFFICE VISITS	670	890	30,006.34	33.71	.145	44.79	4.90
HOME VISITS	3	3	112.26	37.42	.000	37.42	.02
	270	310	14,774.27	47.66	.051	54.72	2.41
EMERGENCY ROOM							
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	127	203	16,006.52	78.85	.033	126.04	2.61
OTHER OUTPATIENT	71	85	2,126.87	25.02	.014	29.96	.35
INPATIENT VISITS	106	332	18,588.32	55.99	.054	175.36	3.03
HOSPITAL VISITS	104	284	12,070.87	42.50	.046	116.07	1.97
CRITICAL CARE	8	48	6,517.45	135.78	.008	814.68	1.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	378.74	47.34	.001	47.34	.06
EXAMINATIONS	8	8	378.74	47.34	.001	47.34	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	109	442	62 , 577.82	141.58	.072	574.11	10.22
PRINCIPAL SURGEON	74	82	52,084.37	635.18	.013	703.84	8.50
ASSISTANT SURGEON	11	11	2,073.68	188.52	.002	188.52	.34
ANESTHESIOLOGIST	41	349	8,419.77	24.13	.057	205.36	1.37
OUTPATIENT SURGERY	116	250	13,491.15	53.96	.041	116.30	2.20
PRINCIPAL SURGEON	97	117	9,952.54	85.06	.019	102.60	1.62
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.02
ANESTHESIOLOGIST	33	132	3,431.39	26.00	.022	103.98	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	145	211	2,809.49	13.32	.034	19.38	.46
RADIOLOGY	331	499	20,204.37	40.49	.081	61.04	3.30
PSYCHIATRY	3	3	97.86	32.62	.000	32.62	.02
IMMUNIZATION AND INJECTION	51	126	2,129.84	16.90	.021	41.76	.35
OTHER SERVICES/ALL X-OVERS	130	265	8,075.58	30.47	.043	62.12	1.32
@PHARMACY	1,294	8 , 502 \$		\$ 21.55	1.388 \$		
PRESCRIPTION DRUGS	1,284	3,041	174,322.56	57.32	.496	135.77	28.46
SNF/ICF	1,204	259	16,286.51	62.88	.042	1480.59	2.66
OUTPATIENTS	1,275	2,782	158,036.05	56.81	.454	123.95	25.80
	54		8,868.00	1.62	.891	164.22	1.45
MEDICAL SUPPLIES		5,461 1,691 \$.276 \$		
@DENTIST	371	,					
VISITS - DIAGNOSTIC	275	1,050	17,675.28	16.83	.171	64.27	2.89
ORAL SURGERY	46	107	7,781.00	72.72	.017	169.15	1.27
DRUGS	21	22	468.75	21.31	.004	22.32	.08
ANESTHESIA	6	6	400.00	66.67	.001	66.67	.07
PERIODONTICS	3	3	165.00	55.00	.000	55.00	.03
ENDODONTICS	22	54	9,230.50	170.94	.009	419.57	1.51
RESTORATIVE DENTISTRY	128	425	20 , 968.75	49.34	.069	163.82	3.42
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4	533.00	133.25	.001	177.67	.09

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.25
ORTHODONTIC SERVICES	12	13	598.99	46.08	.002	49.92	.10
ALL OTHER SERVICES	1	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,354
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERVICE	S FOR 59 ALL ME	DICALLY INDIGENT				

						M	ГИC	THLY AVERA	GΕ	
6,126 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	56	157	\$ 3,590.26	\$	22.87	.026	\$	64.11	\$.59
DIAGNOSTIC AND ANC. PROCED	41	42	1,931.26		45.98	.007		47.10		.32
EYE APPLIANCES	41	112	1,612.18		14.39	.018		39.32		.26
OTHER OPTOMETRIC SERVICES	3	3	46.82		15.61	.000		15.61		.01
@CHIROPRACTOR	10	15	\$ 250.80	\$	16.72	.002	\$	25.08	\$.04
VISITS	10	15	250.80		16.72	.002		25.08		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13	236	\$ 9,036.91	\$	38.29	.039	\$	695.15	\$	1.48
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	9	\$ 1,413.28	\$	157.03	.001	\$	471.09	\$.23
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	680	3 , 462	\$ 494,663.63	\$	142.88	.565	\$	727.45	\$	80.75
HOSP INPATIENT TOTAL	94	389	426,467.98		1096.32	.063		4536.89		69.62
HSC HOSPITALS	57	213	241,467.53		1133.65	.035		4236.27		39.42
NON-HSC HOSPITAL TOTAL	38	176	185,000.45		1051.14	.029		4868.43		30.20
ACCOMMODATIONS	38	176	92,450.77		525.29	.029		2432.92		15.09

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	38	176	92 , 450.77	525.29	.029	2432.92	15.09
ANCILLARIES	38	0	92,549.68	.00	.000	2435.52	15.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	621		68,195.65	22.19		109.82	11.13
MEDICAL	93 56 282	137	5,177.48	37 79	.022	55 67	.85
SURGERY	5.6	71	2,248.07	37.79 31.66	.012	55.67 40.14	.37
DARILOLOGY	202			31.00 11 4E			2.32
PATHOLOGY	282	1,241	14,214.96	11.45 62.37	.203	50.41	
RADIOLOGI	143	195	12,161.88	62.37	.032	85.05	1.99
ROOM USE	439	590	22,929.56	38.86	.096	52.23	3.74
CROSSOVERS/ALL OTH OUTPTNT	254	839	11,463.70	13.66 \$ 1242.14	.137	45.13	1.87
@COUNTY HOSPITAL TOTAL	2 1	12 \$	14,905.62	\$ 1242.14	.002	\$ 7452.81	\$ 2.43
CO HOSPITAL INPATIENT TOTAL	1	11	14,872.00	1352.00	.002	14872.00	2.43
HSC HOSPITALS	1	11	14,872.00	1352.00 1352.00	.002	14872.00	2.43
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0	.00				.00
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	U	590 839 12 \$ 11 11 0 0 0 0 0 0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	O	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.62	33.62	.000	33.62	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.62	33.62	.000	33.62	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES	AND EXPENDITURES M					PAGE 9,355
	FEE-FOR-SERVICE/D			1101(1 101(0111 2	002 IIII(0 D	LC 2002	01/17/03
		ES FOR 59 ALL MEDI	CALLY INDICENE				01/11/03
PLACER COUNTI	SUMMARI OF SERVIC	ES FOR 39 ALL MEDIO	CALLI INDIGENI		MO	אחווד ע אזידם א	C E
6 106 BLIGIBLES	HORDO	NITES OF SERVICE				NTHLY AVERA	
6,126 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@COMMUNITY HOSPITAL TOTAL	678	3,450 \$	479,758.01	\$ 139.06	.563	\$ 707.61	
COMM HOSP INPATIENT TOTAL	93	378	411,595.98	1088.88	.062	4425.76	
HSC HOSPITALS	56	202	226,595.53	1121.76	.033	4046.35	36.99
NON-HSC HOSPITALS TOTAL	2.0						30.20
ACCOMMODATIONS	38	176	185,000.45	1051.14	.029	4868.43	30.20
ADMINISTRATIVE DAYS	38 38	176 176	185,000.45 92,450.77	1051.14 525.29	.029 .029	4868.43 2432.92	15.09
	678 93 56 38 38	176 176 0	185,000.45 92,450.77 .00	1088.88 1121.76 1051.14 525.29	.029 .029 .000		
TRANSITIONAL IP CARE	38 38 0	176 176 0	92,450.77	.00	.000	2432.92	15.09 .00
TRANSITIONAL IP CARE	38 38 0 0	176 176 0 0	92,450.77	.00	.000	2432.92 .00 .00	15.09 .00 .00
TRANSITIONAL IP CARE ALL OTHER ACCOM	38 38 0 0 38	0 0 176	92,450.77 .00 .00 92,450.77	.00 .00 525.29	.000 .000 .029	2432.92 .00 .00 2432.92	15.09 .00 .00 15.09
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 38 38	0	92,450.77 .00 .00 92,450.77 92,549.68	.00 .00 525.29 .00	.000 .000 .029 .000	2432.92 .00 .00 2432.92 2435.52	15.09 .00 .00 15.09 15.11
111111111111111111111111111111111111111	0 0 38 38 0	0	92,450.77 .00 .00 92,450.77 92,549.68 .00	.00 .00 525.29 .00	.000 .000 .029 .000	2432.92 .00 .00 2432.92 2435.52 .00	15.09 .00 .00 15.09 15.11 .00
ALL OTHER INPATIENT	0 0 38 38 0 0	0 0 0	92,450.77 .00 .00 92,450.77 92,549.68 .00	.00 .00 525.29 .00 .00	.000 .000 .029 .000 .000	2432.92 .00 .00 2432.92 2435.52 .00	15.09 .00 .00 15.09 15.11 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 0 38 38 0 0	0 0 0 3,072	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03	.00 .00 525.29 .00 .00	.000 .000 .029 .000 .000	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94	15.09 .00 .00 15.09 15.11 .00 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 38 38 0 0 0 620 93	0 0 0 3,072 137	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48	.00 .00 525.29 .00 .00 .00 22.19 37.79	.000 .000 .029 .000 .000 .000	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67	15.09 .00 .00 15.09 15.11 .00 .00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 38 38 0 0 620 93 56	0 0 0 3,072 137 71	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66	.000 .000 .029 .000 .000 .000 .501 .022 .012	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 0 38 38 0 0 0 620 93	0 0 0 3,072 137 71 1,241	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07 14,214.96	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66 11.45	.000 .000 .029 .000 .000 .501 .022 .012	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14 50.41	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85 .37 2.32
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 38 38 0 0 620 93 56	0 0 0 3,072 137 71 1,241 195	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07 14,214.96 12,161.88	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66 11.45 62.37	.000 .000 .029 .000 .000 .501 .022 .012 .203	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14 50.41 85.05	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85 .37 2.32 1.99
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 38 38 0 0 620 93 56 282	0 0 0 3,072 137 71 1,241	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07 14,214.96	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66 11.45	.000 .000 .029 .000 .000 .501 .022 .012	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14 50.41	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85 .37 2.32
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 38 38 0 0 620 93 56 282 143	0 0 0 3,072 137 71 1,241 195	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07 14,214.96 12,161.88	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66 11.45 62.37	.000 .000 .029 .000 .000 .501 .022 .012 .203	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14 50.41 85.05	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85 .37 2.32 1.99
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 38 38 0 0 620 93 56 282 143 438	0 0 0 3,072 137 71 1,241 195 589	92,450.77 .00 .00 92,450.77 92,549.68 .00 .00 68,162.03 5,177.48 2,248.07 14,214.96 12,161.88 22,895.94	.00 .00 525.29 .00 .00 .00 22.19 37.79 31.66 11.45 62.37 38.87	.000 .000 .029 .000 .000 .501 .022 .012 .203 .032	2432.92 .00 .00 2432.92 2435.52 .00 .00 109.94 55.67 40.14 50.41 85.05 52.27 45.13	15.09 .00 .00 15.09 15.11 .00 .00 11.13 .85 .37 2.32 1.99 3.74 1.87

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

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.00

MENTALLY ILL	8	0		12,513.82		.00	.000		1564.23		2.04
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	1	\$	115.21	\$	115.21	.000	\$	115.21	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	1		115.21		115.21	.000		115.21		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	333	851	\$	13,285.41	\$	15.61	.139	\$	39.90	\$	2.17
PATHOLOGY	333	851		13,285.41		15.61	.139		39.90		2.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	323	963	\$	78 , 191.84	\$	81.20		\$	242.08	\$	12.76
CLINIC	126	606		17,341.98		28.62	.099		137.63		2.83
SURGICENTER	5	34		1,229.18		36.15	.006		245.84		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	198	323		59 , 620.68		184.58	.053		301.11		9.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT R	EPOR'	I FOR JAN	2002 THRU	DEC	2002	PA	AGE 9,356
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	59 ALI	MEDICALL	Y INDIGENT							

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 6,126 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 268 5.920 \$ 195.09 \$ @ALL OTHER PROVIDERS 36,266 52,283.55 1.44 8.53 760.45 DURABLE MED. EQUIP. 24 99 18,250.85 184.35 .016 2.98 .000 BLOOD BANK Ω 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 38 591 5,651.03 9.56 .096 148.71 .92 35 5,246.18 AMBULANCES/AIR TRANS 360 14.57 .059 149.89 .86 OTHER TRANS 3 231 404.85 1.75 .038 134.95 .07 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 GENETIC DISEASE TESTING 51 51 4,401.00 86.29 .008 86.29 .72 10 241.20 24.12 .002 120.60 .04 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 45 94 831.12 8.84 OPTICIAN .015 18.47 .14 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 481.20 80.20 .001 96.24 .08 PROSTHETICS 5 437.12 87.42 109.28 .07 .001 1 44.08 44.08 44.08 .01 ORTHOTICS .000 15 522.40 34.83 .002 261.20 .09 PSYCHOLOGIST SPEECH AND AUDIOLOGY 13 5,723.32 440.26 .002 715.42 .93 10 HOSPICE SERVICES 942.88 94.29 .002 471.44 .15 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	71	264	1,864.24	7.06	.043	26.26	.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	35,113	13,374.31	.38	5.732	477.65	2.18
@CALIF. CHILDREN SERVICES*	58	820	\$ 78,646.08	\$ 95.91	.134	\$ 1355.97	\$ 12.84
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,357 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/	/00
PLACER COUNTY	SUMMARY OF SER	VICES FOR 60 RENA	L DIALYSIS		AID CO	DES			
						MON'	THLY AVERA	GE	-
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX.	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	₹.
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	<u>C</u>
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00)
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00)
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00)
OFFICE VISITS	0	0		.00	.00	.000	.00	.00)
HOME VISITS	0	0		.00	.00	.000	.00	.00)
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00)
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00)
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00)
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00)
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00)
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00)
CRITICAL CARE	0	0		.00	.00	.000	.00	.00)
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00)
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00)
EXAMINATIONS	0	0		.00	.00	.000	.00	.00)
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00)
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00)
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00)
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00)
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00)
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00)
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00)
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00)
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00)
DIALYSIS	0	0		.00	.00	.000	.00	.00)
PATHOLOGY	0	0		.00	.00	.000	.00	.00)
RADIOLOGY	0	0		.00	.00	.000	.00	.00)
PSYCHIATRY	0	0		.00	.00	.000	.00	.00)
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00)
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00)
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00)
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00)
SNF/ICF	0	0		.00	.00	.000	.00	.00)
OUTPATIENTS	0	0		.00	.00	.000	.00	.00)
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00)
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00)
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00)
ORAL SURGERY	0	0		.00	.00	.000	.00	.00)
DRUGS	0	0		.00	.00	.000	.00	.00)
ANESTHESIA	0	0		.00	.00	.000	.00	.00)

PERIODONICS										
RESTORATIVE DENTISERY										
RESTORATIVE DENTISERY	PERIODONTICS	0	0	.00)	.00	.000	.00		.00
RESTORATIVE DENTISERY	ENDODONTICS	0	0	.00)	.00	.000	.00		.00
PROSTHETICS	RESTORATIVE DENTISTRY	0	0			.00		.00		
DENTURES, STAYLARIES	PROSTHETICS	0	0	.00)	.00	.000	.00		.00
SPACE MAINTAINERS	DENTURES, STAYPLATES	0	0	.00)	.00	.000			.00
MANILLOPACIAL SERVICES 0		0	0	.00)	.00	.000	.00		.00
ALL OTHER SERVICES ALL OTHER SER	MAXILLOFACIAL SERVICES	0	0	.00)	.00	.000			.00
ACALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,358 MOPO 24 PLACER COUNTY MEDI-CAL SERVICES FOR 60 RENAL DIALYSIS	FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00		.00
RECALLY DEPT OF HEALTH SERV MOPPO24 FEEP-FOR-SERVILE/SERVILES FOR 60 RENAL DIALYSIS	ORTHODONTIC SERVICES	0	0	.00)	.00	.000	.00		.00
MOPD24	ALL OTHER SERVICES	0	0	.00)	.00	.000	.00		.00
MOPD24	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PAG	E 9,358
O	MOP024									
O ELIGIBLES	PLACER COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAL	DIALYSIS		AID CO	DES			
OR DAYS OF CARE							MC	NTHLY AVERA	GE	
## REATH AGENCY 0 0 \$.0	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CO	ST PER
DIAGNOSTIC AND ANC. PROCED 0			OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	EL:	IGIBLE
EYE APPLIANCES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@OPTOMETRIST	0	0 :	\$.00) \$.00	.000	\$.00	\$.00
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIAGNOSTIC AND ANC. PROCED	0	0	.00)	.00	.000	.00		.00
## CHIROPRACTOR	EYE APPLIANCES	0	0	.00)	.00	.000	.00		.00
VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER OPTOMETRIC SERVICES	0	0	.00)	.00	.000	.00		.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0 :	\$.00) \$.00	.000	\$.00	\$.00
@PODIATRIST 0 \$.00 \$.00 \$.00 \$.00 \$.00	VISITS	0	0	.00)	.00	.000	.00		.00
MEDICINE/INJECTIONS 0 0 0 0 00 00 00 00 00 00 00 00 SURGERY/ANES. 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	OTHER SERVICES	0	0	.00)	.00	.000	.00		.00
SURGERY/ANES. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PODIATRIST	0	0 :			.00			\$.00
RADIO./PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICINE/INJECTIONS	0	-			.00				
OTHER 0 0 0 0 0 00 00 000 000 000 000 000 0	SURGERY/ANES.	0	•				.000			
@HOME HEALTH AGENCY 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	RADIO./PATHOLOGY	0	•			.00				
NURSE ANESTHESIST 0 0 \$.00 \$		0				.00				
NURSE MIDWIFE 0 \$.00 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	@HOME HEALTH AGENCY	0	-				.000		\$	
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00		0								
FAMILY NURSE PRACTITIONER 0 0 \$.00		0	-	•				•		
@TOTAL HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00		. 0						•		
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		•				•		
HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	•	0	•						\$	
NON-HSC HOSPITAL TOTAL 0 0 .00		0	•							
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0							
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00		0	0							
ANCILLARIES 0 0 .00 .00 .00 .00 .00		0	0							
		0	0							
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0		0	0							
	INPATIENT CROSSOVERS	0	•							

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPEND	ITURES	S MONTH-OF	-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	- ,
MOP024	FEE-FOR-SERVICE/	DENTAL							01	./17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 60	RENAL	DIALYSIS		AID CO	DES			
							MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SER		EXP	ENDITURES	AVERAGE COST		COST PER		PER
		OR DAYS OF	CARE			PER UNIT/DAY	PER ELIG	USER		SIBLE
@COMMUNITY HOSPITAL TOTAL	0		0 5	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00

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COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
	0	0										
CROSSOVERS/ALL OTH OUTPTNT	0	-	<u></u>		.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	Ü	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	۲		.00	Ψ	.00	.000	Y	.00	Ψ	.00
ICF DD	0	0			.00		.00	.000		.00		.00
	0	-										
ICF DDN/DDCN	0	0	<u> </u>		.00	A	.00	.000	<u> </u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	τ		.00	Ψ	.00	.000	Τ	.00	Τ	.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
	0	0										
RURAL HEALTH CLINIC	•	•	TD. E. G		.00		.00	.000	550	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		TURES	MONTH-OF-PA	YMENT RE	PORT	FOR JAN 2	2002 THRU .	DEC	2002	PA	GE 9,360
MOP024	FEE-FOR-SERVICE/											01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 60 RI	ENAL	DIALYSIS			AID COI					
								M				
00 ELIGIBLES	USERS	UNITS OF SERV		EXPEND	ITURES			UNITS/DAY	s c	OST PER		OST PER
		OR DAYS OF C						PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	•					.00					.00
OCCUPATIONAL THERAPIST	U	0			.00		.00	.000		.00		.00
OPTICIAN	U	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,361 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	61 T	OTAL	PARENTERA	L NUTRITION		AID COD	ES			
									MO	NTHLY AVE	RAGE	
00 ELIGIBLES	USERS	UNITS OF			EXF	ENDITURES			UNITS/DAYS		₹.	COST PER
		OR DAYS	OF C	ARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	ξ	\$.00	\$.00	.000	\$.00) \$.00
@PHYSICIANS SERVICES	0		0	ξ	5	.00	\$.00	.000	\$.00) \$.00
OUTPATIENT VISITS	0		0			.00		.00	.000	.00)	.00
OFFICE VISITS	0		0			.00		.00	.000	.00)	.00
HOME VISITS	0		0			.00		.00	.000	.00)	.00
EMERGENCY ROOM	0		0			.00		.00	.000	.00)	.00
PREVENTIVE CARE	0		0			.00		.00	.000	.00)	.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000	.00)	.00
OTHER OUTPATIENT	0		0			.00		.00	.000	.00)	.00
INPATIENT VISITS	0		0			.00		.00	.000	.00)	.00
HOSPITAL VISITS	0		0			.00		.00	.000	.00)	.00
CRITICAL CARE	0		0			.00		.00	.000	.00)	.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000	.00)	.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000	.00)	.00
EXAMINATIONS	0		0			.00		.00	.000	.00)	.00
SERVICES AND MATERIALS	0		0			.00		.00	.000	.00)	.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000	.00)	.00
PRINCIPAL SURGEON	0		0			.00		.00	.000	.00)	.00
ASSISTANT SURGEON	0		0			.00		.00	.000	.00)	.00
ANESTHESIOLOGIST	0		0			.00		.00	.000	.00)	.00
OUTPATIENT SURGERY	0		0			.00		.00	.000	.00)	.00
PRINCIPAL SURGEON	0		0			.00		.00	.000	.00)	.00
ASSISTANT SURGEON	0		0			.00		.00	.000	.00)	.00
ANESTHESIOLOGIST	0		0			.00		.00	.000	.00)	.00
DIALYSIS	0		0			.00		.00	.000	.00)	.00
PATHOLOGY	0		0			.00		.00	.000	.00)	.00
RADIOLOGY	0		0			.00		.00	.000	.00)	.00
PSYCHIATRY	0		0			.00		.00	.000	.00)	.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000	.00)	.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000	.00)	.00
@PHARMACY	0		0	ς	\$.00	\$.00	.000	\$.00) \$.00
PRESCRIPTION DRUGS	0		0			.00		.00	.000	.00)	.00
SNF/ICF	0		0			.00		.00	.000	.00)	.00
OUTPATIENTS	0		0			.00		.00	.000	.00)	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYMENT REP	ORT FOR JAN 200	2 THRU DEC	2002	PAGE 9,362
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES	5		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 Ś .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST 0 .000 .00 \$.00 \$.00 \$.00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .000 RADIOLOGY 0 .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 20	02 THRU DEC	2002	PAGE 9,363
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	R 61 TOTAL	PARENTERAL NUTRITION	AID CODE	S		
				-	MONT	HLY AVERAGE	

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 .00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 0 .00 .00 .00 DEVELOP. DISABLED .00 .000 .000 \$ 0 .00 @NURSING FACILITY .00 .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	(١		.00		.00	.000	1	.00		.00
@HEMODIALYSIS TOTAL	0		, 1	Ś	.00	Ś	.00	.000			Ġ	.00
HOSPITAL BASED	0		, 1	۲	.00	Y	.00	.000		.00	Ÿ	.00
HEMODIALYSIS CENTER	0		,		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	(,	Ś	.00	Ś	.00	.000			Ċ	.00
HOSPITAL BASED	0	(,	ې	.00	Ą	.00	.000		.00	ې	.00
	0	(,									
INDEPENDENT FACILITY	0	(,	Ċ	.00	Ċ	.00	.000		.00	Ċ	.00
@LABORATORY FACILITY	U	()	\$.00	\$.00	.000			\$.00
PATHOLOGY	0	()		.00		.00	.000		.00		.00
XO AND OTHERS	0	()	_	.00	_	.00	.000		.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	0	()	\$.00	\$.00	.000			\$.00
CLINIC	0	()		.00		.00	.000		.00		.00
SURGICENTER	0	()		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	()		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	()		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDI	TURE	S MON	TH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THR	J DE	EC 2002	PAGE	9,364
MOP024	FEE-FOR-SERVICE/D										0:	1/17/03
MOP024 PLACER COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC		OTAI	_ PARE	NTERAL NUTRITION	1	AID CO	DES			0:	1/17/03
			OTAI	- PARE	NTERAL NUTRITION	1	AID CO		MON	ITHLY AVERA		1/17/03
	SUMMARY OF SERVIC			. PARE	NTERAL NUTRITION		AID CO			THLY AVERA	GE	1/17/03 T PER
PLACER COUNTY	SUMMARY OF SERVIC USERS U	ES FOR 61 1	'ICE	. PARE		AVE			AYS		GE	
PLACER COUNTY	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE		AVE	RAGE COST	UNITS/DA	AYS IG	COST PER USER	GE	 T PER
PLACER COUNTY 00 ELIGIBLES	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY	UNITS/DA	AYS [G) \$	COST PER USER	GE COS' ELIC	 T PER GIBLE
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES .00	AVE PER	RAGE COST UNIT/DAY	UNITS/DA	AYS EG) \$	COST PER USER .00	GE COS' ELIC	T PER GIBLE
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES .00 .00	AVE PER	RAGE COST UNIT/DAY .00	UNITS/DAPER ELI	AYS IG) \$)	COST PER USER .00 .00	GE COS' ELIC	T PER GIBLE .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	. PARE	EXPENDITURES .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00	UNITS/DA PER EL: .000 .000	AYS IG) \$))	COST PER USER .00 .00	GE COS' ELIC	T PER GIBLE .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	. PARE	EXPENDITURES .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00	UNITS/DA PER EL: .000 .000	AYS [G) \$)))	COST PER USER .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	. PARE	EXPENDITURES .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	UNITS/DA PER ELT .000 .000 .000	AYS IG () \$ () () () ()	COST PER USER .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	. PARE	EXPENDITURES .00 .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	UNITS/DA PER EL: .000 .000 .000 .000	AYS IG () \$ () () () () ()	COST PER USER .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES .00 .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DA PER EL: .000 .000 .000 .000 .000	AYS IG () \$ () () () () ()	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DA PER EL: .000 .000 .000 .000 .000 .000 .000	AYS IG () () () () () () () () () () () () ()	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVIC USERS U	ES FOR 61 T	'ICE	PARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DA PER EL: .000 .000 .000 .000 .000 .000 .000 .0	AYS IG () \$ () () () () () () () ()	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COS' ELIC	T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,365 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 PLACER COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 .00 .000 \$.00 \$.00 \$.00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DEC	2002	PAGE 9,366
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

PLACER COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-	OF-PAYMENT REPOR	RT FOR JAN 20	02 THRU DEC	2002	PAGE 9,367
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AID (CODES 51 52 5	6		
					-	MONT	HLY AVERAG	E

							IITLI AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AV	JERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PE	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$. (10 \$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	. (0	.00	.000	.00	.00
HSC HOSPITALS	0	0	. (0	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	. (0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	. (0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	. (0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	. (0	.00	.000	.00	.00
ANCILLARIES	0	0	. (0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	. (0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	. (0	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	. (0	.00	.000	.00	.00
MEDICAL	0	0	. (0	.00	.000	.00	.00
SURGERY	0	0	. (0	.00	.000	.00	.00
PATHOLOGY	0	0	. (0	.00	.000	.00	.00
RADIOLOGY	0	0	. (0	.00	.000	.00	.00
ROOM USE	0	0	. (0	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	. (0	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$. (0 \$.00	.000	.00	\$.00
MENTALLY ILL	0	0	. (0	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	. (0	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$. (0 \$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0	. (0	.00	.000	.00	.00
LEV B-REHAB MD	0	0	. (0	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	. (0	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		(PENDITU	RES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN 2002	2 THRU	DEC	2002	PAGE	9,368
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AI	D COD	ES 51 52 56					

PLACER COUNTY	SUMMARY OF SERV	VICES FOR	62 IRC	CA A	LIENS	I	AID	CODES 51 52	56				
									MO	CAHTIC	Y AVERAC	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	CE		EXPENDITURES	A	VERAGE COST	UNITS/DAYS	S CO	ST PER	C	OST PER
		OR DAYS	OF CAR	RE			F	PER UNIT/DAY	PER ELIG	Ţ	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	5	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0			.00		.00	.000		.00		.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0			.00		.00	.000		.00		.00
OTHER TRANS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
ACUPUNCTURE	0		0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0			.00		.00	.000		.00		.00
OPTICIAN	0		0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
ORTHOTICS	0		0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0		0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0		0	\$	5	.00	\$.00	.000	\$.00	\$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,369 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F PLACER COUNTY

					MOI	NTHLY AVERA	.GE
806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	428	3 , 562	\$ 341,173.78	\$ 95.78	4.419	\$ 797.14	\$ 423.29
@PHYSICIANS SERVICES	299	887	\$ 69,399.84	\$ 78.24	1.100	\$ 232.11	\$ 86.10
OUTPATIENT VISITS	182	355	21,704.95	61.14	.440	119.26	26.93
OFFICE VISITS	34	40	1,738.47	43.46	.050	51.13	2.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	38	44	2,586.21	58.78	.055	68.06	3.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	132	270	17,369.41	64.33	.335	131.59	21.55
OTHER OUTPATIENT	1	1	10.86	10.86	.001	10.86	.01
INPATIENT VISITS	35	80	4,205.09	52.56	.099	120.15	5.22
HOSPITAL VISITS	33	69	2,959.25	42.89	.086	89.67	3.67
CRITICAL CARE	4	11	1,245.84	113.26	.014	311.46	1.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	52	201	31,718.28	157.80	.249	609.97	39.35
PRINCIPAL SURGEON	35	39	26,845.50	688.35	.048	767.01	33.31
ASSISTANT SURGEON	7	7	1,258.88	179.84	.009	179.84	1.56
ANESTHESIOLOGIST	18	155	3,613.90	23.32	.192	200.77	4.48
OUTPATIENT SURGERY	14	4 4	1,242.56	28.24	.055	88.75	1.54
PRINCIPAL SURGEON	8	8	397.90	49.74	.010	49.74	.49

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	36	844.66	23.46	.045	140.78	1.05
DIALYSIS	7	18	2,871.64	159.54	.022	410.23	3.56
PATHOLOGY	52	59	959.74	16.27	.073	18.46	1.19
RADIOLOGY	89	111	5,425.37	48.88	.138	60.96	6.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	294.60	73.65	.005	73.65	.37
OTHER SERVICES/ALL X-OVERS	10	15	977.61	65.17	.019	97.76	1.21
@PHARMACY	116	231 \$	8,226.46	\$ 35.61	.287	\$ 70.92	\$ 10.21
PRESCRIPTION DRUGS	114	198	5,866.65	29.63	.246	51.46	7.28
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	114	198	5,866.65	29.63	.246	51.46	7.28
MEDICAL SUPPLIES	13	33	2,359.81	71.51	.041	181.52	2.93
@DENTIST	3	5 \$	85.00	\$ 17.00	.006	\$ 28.33	\$.11
VISITS - DIAGNOSTIC	3	5	85.00	17.00	.006	28.33	.11
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	MAT. SOR TROP	2002 THRII	DEC 2002	PAGE 9 370

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,370 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

							M	CNO	THLY AVERA	GE	
806 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	35	\$	428.71	\$	12.25	.043	\$	142.90	\$.53
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	173	1,275	\$	223,798.63	\$	175.53	1.582	\$	1293.63	\$	277.67
HOSP INPATIENT TOTAL	44	165		205,937.45		1248.11	.205		4680.40		255.51
HSC HOSPITALS	26	74		83 , 549.60		1129.05	.092		3213.45		103.66
NON-HSC HOSPITAL TOTAL	18	91		122 , 387.85		1344.92	.113		6799.33		151.85
ACCOMMODATIONS	18	91		43,056.29		473.15	.113		2392.02		53.42

ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18		91		43,056.29		473.15	.113		2392.02		53.42
ANCILLARIES	18		0		79,331.56		.00	.000		4407.31		98.43
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	146	1,1	10		17,861.18		16.09	1.377		122.34		22.16
MEDICAL	10		10		288.91		28.89	.012		28.89		.36
SURGERY	18		22		734.27		33.38	.027		40.79		.91
PATHOLOGY	84	3	80		3,783.46		9.96	.471		45.04		4.69
RADIOLOGY	43	,	59		4,691.07		79.51	.073		109.09		5.82
ROOM USE	74	1.	54		5,070.12		32.92	.191		68.52		6.29
CROSSOVERS/ALL OTH OUTPINT	53	4	85		3,293.35		6.79	.602		62.14		4.09
@COUNTY HOSPITAL TOTAL	1		1 5	\$	194.78	\$	194.78	.001	\$	194.78	\$.24
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1		1		194.78		194.78	.001		194.78		.24
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1		1		194.78		194.78	.001		194.78		.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPEN	DITURES	MON 8	NTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2002 THRU 1	DEC	2002	PA	GE 9,371
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 63	MI/MN	ALIE	EN WITHOUT SIS A	ID C	ODE 55 58 5					
								Mo			-	
806 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		ERAGE COST		S (COST PER		OST PER
0.000,000,000,000,000,000,000,000,000,0	170	OR DAYS OF		_	002 602 05		R UNIT/DAY		_	USER		LIGIBLE

					MC	ONTHLY AVERA	GE
806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	172	1,274	\$ 223,603.85	\$ 175.51	1.581	\$ 1300.02	\$ 277.42
COMM HOSP INPATIENT TOTAL	44	165	205,937.45	1248.11	.205	4680.40	255.51
HSC HOSPITALS	26	74	83 , 549.60	1129.05	.092	3213.45	103.66
NON-HSC HOSPITALS TOTAL	18	91	122,387.85	1344.92	.113	6799.33	151.85
ACCOMMODATIONS	18	91	43,056.29	473.15	.113	2392.02	53.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	91	43,056.29	473.15	.113	2392.02	53.42
ANCILLARIES	18	0	79 , 331.56	.00	.000	4407.31	98.43
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	145	1,109	17,666.40	15.93	1.376	121.84	21.92
MEDICAL	10	10	288.91	28.89	.012	28.89	.36
SURGERY	18	22	734.27	33.38	.027	40.79	.91
PATHOLOGY	84	380	3,783.46	9.96	.471	45.04	4.69
RADIOLOGY	43	59	4,691.07	79.51	.073	109.09	5.82
ROOM USE	74	154	5,070.12	32.92	.191	68.52	6.29
CROSSOVERS/ALL OTH OUTPINT	52	484	3,098.57	6.40	.600	59.59	3.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	659	\$	28,740.70	\$	43.61	.818	\$	2395.06	\$	35.66
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	12	659		28,740.70		43.61	.818		2395.06		35.66
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	129	336	\$	5,582.40	\$	16.61	.417	\$	43.27	\$	6.93
PATHOLOGY	129	336		5,582.40		16.61	.417		43.27		6.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	27	\$	773.02	\$	28.63	.033	\$	257.67	\$.96
CLINIC	2	17		529.61		31.15	.021		264.81		.66
SURGICENTER	1	10		243.41		24.34	.012		243.41		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITU	RES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 9,372
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024
PLACER COUNTY FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					11011	IIIDI IIVDIGI	50
806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	35	107 \$	4,139.02	\$ 38.68	.133 \$	118.26	\$ 5.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	70	928.95	13.27	.087	154.83	1.15
AMBULANCES/AIR TRANS	6	70	928.95	13.27	.087	154.83	1.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	30	30	2,886.00	96.20	.037	96.20	3.58
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	324.07	46.30	.009	324.07	.40
PROSTHETICS	1	6	235.38	39.23	.007	235.38	.29
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.11
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}^\star$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	JICES FOR 64 REFUGEES	Al	ID CODES 01 02	08		
					MONT	HLY AVERA	GE
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	45	328 \$	13,035.86	\$ 39.74	4.754 \$		\$ 188.93
@PHYSICIANS SERVICES	20	61 \$	2,125.13	\$ 34.84	.884 \$		\$ 30.80
OUTPATIENT VISITS	15	25	1,191.44	47.66	.362	79.43	17.27
OFFICE VISITS	13	21	893.33	42.54	.304	68.72	12.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	298.11	74.53	.058	74.53	4.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	10	31.69	3.17	.145	6.34	.46
RADIOLOGY	8	11	289.51	26.32	.159	36.19	4.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	15	612.49	40.83	.217	68.05	8.88
@PHARMACY	17	49 \$	1,732.78	\$ 35.36	.710 \$	101.93	
PRESCRIPTION DRUGS	16	48	1,662.12	34.63	.696	103.88	24.09
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	48	1,662.12	34.63	.696	103.88	24.09
MEDICAL SUPPLIES	1	1	70.66	70.66	.014	70.66	1.02
@DENTIST	22	90 \$	6,456.00	\$ 71.73	1.304 \$	293.45	
VISITS - DIAGNOSTIC	15	33	904.00	27.39	.478	60.27	13.10
ORAL SURGERY	2	2	215.00	107.50	.029	107.50	3.12
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	4		5		710.00		142.00	.072	177.50		10.29
ENDODONTICS	5		8		2,225.00		278.13	.116	445.00		32.25
RESTORATIVE DENTISTRY	9		42		2,402.00		57.19	.609	266.89		34.81
PROSTHETICS	0		0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EX	PENDITU:	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU I	DEC 2002	F	PAGE 9,374
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	64 REF	UGEES		AID CO	DES 01 02	08			
								MC	NTHLY AVER	AGE	
69 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	3		14	\$	266.30	\$	19.02	.203	\$ 88.77	\$	3.86
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.029	47.45		1.38
EYE APPLIANCES	3		12		171.40		14.28	.174	57.13		2.48
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	Ċ	.00
@TOTAL HOSPITAL	5	51	\$	1,032.28	\$	20.24	.739 \$			14.96
HOSP INPATIENT TOTAL	0	0	٧	.00	Y	.00	.000	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000	.00		.00
	0	0								
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	Ü	-		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5	51		1,032.28		20.24	.739	206.46		14.96
MEDICAL	3	3		81.30		27.10	.043	27.10		1.18
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	4	28		210.33		7.51	.406	52.58		3.05
RADIOLOGY	5	7		484.09		69.16	.101	96.82		7.02
ROOM USE	5	5		164.40		32.88	.072	32.88		2.38
CROSSOVERS/ALL OTH OUTPTNT	5	8		92.16		11.52	.116	18.43		1.34
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	002 THRU DE	C 2002	PA	GE 9,375
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 64 REF	UGEES	A	ID CO	DDES 01 02	08			
							MON	THLY AVERA	GE -	
69 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST		COST PER		OST PER
		OR DAYS OF CAR				R UNIT/DAY		USER		LIGIBLE

					MON	THLY AVERAG	E
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	51 \$	1,032.28	\$ 20.24	.739 \$	206.46	\$ 14.96
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	51	1,032.28	20.24	.739	206.46	14.96
MEDICAL	3	3	81.30	27.10	.043	27.10	1.18

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	28	210.33	7.51	.406	52.58	3.05
RADIOLOGY	5	7	484.09	69.16	.101	96.82	7.02
ROOM USE	5	5	164.40	32.88	.072	32.88	2.38
CROSSOVERS/ALL OTH OUTPTNT	5	8	92.16	11.52	.116	18.43	1.34
		0 \$					\$.00
@STATE HOSPITAL	0	- 1	.00		.000 \$		
MENTALLY ILL	Ü	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	÷ 0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0						
LEV B-REGULAR	U	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
	0						
@REHABILITATION FACILITY	U	- 1	.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	42 \$	590.24	\$ 14.05	.609 \$	59.02	\$ 8.55
PATHOLOGY	10	42	590.24	14.05	.609	59.02	8.55
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	548.22	\$ 182.74	.043 \$		\$ 7.95
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	0					
HEROIN DETOX CLINIC	U	U	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3	548.22	182.74	.043	182.74	7.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 9,376
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 64 REFUGEES	A	ID CODES 01 02	0.8		
					MONT	THLY AVERAG	GE
69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
03 EE101DEE0	ODERO	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	18 \$	284.91	\$ 15.83	.261 \$	56.98	
	5			•			•
DURABLE MED. EQUIP.	U	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	154.03	38.51	.058	154.03	2.23
AMBULANCES/AIR TRANS	1	4	154.03	38.51	.058	154.03	2.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
	0	0					
ADULT DAY HEALTH CARE CTR	0	· ·	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	Ü	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	14	130.88	9.35	.203	32.72	1.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
- 1/00 111 1 1 0 1 \ O1/111 O 1 1 0 1 0	O	V	.00	.00	. 000	• 0 0	• • • •

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,377 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 65 BCCT	P-FEDER	AL	AID	CODES 0M	ON				
							MO	NTE	ILY AVERA	GE ·	
60 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	3 0	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@TOTAL, ALL PROVIDERS	100	932	\$	87,940.25	\$	94.36	15.533	\$	879.40	\$	1465.67
@PHYSICIANS SERVICES	58	507	\$	23,037.17	\$	45.44	8.450	\$	397.19	\$	383.95
OUTPATIENT VISITS	32	48		2,205.70		45.95	.800		68.93		36.76
OFFICE VISITS	32	48		2,205.70		45.95	.800		68.93		36.76
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	56		4,769.28		85.17	.933		366.87		79.49
PRINCIPAL SURGEON	5	7		3,165.52		452.22	.117		633.10		52.76
ASSISTANT SURGEON	5	5		658.07		131.61	.083		131.61		10.97
ANESTHESIOLOGIST	5	4 4		945.69		21.49	.733		189.14		15.76
OUTPATIENT SURGERY	12	33		2,798.31		84.80	.550		233.19		46.64
PRINCIPAL SURGEON	9	13		2,312.74		177.90	.217		256.97		38.55
ASSISTANT SURGEON	1	1		42.14		42.14	.017		42.14		.70
ANESTHESIOLOGIST	4	19		443.43		23.34	.317		110.86		7.39
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	15		361.43		24.10	.250		51.63		6.02
RADIOLOGY	25	145		10,650.79		73.45	2.417		426.03		177.51
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	182		1,487.16		8.17	3.033		297.43		24.79
OTHER SERVICES/ALL X-OVERS	9	28		764.50		27.30	.467		84.94		12.74
@PHARMACY	66	189	\$	10,560.20	\$	55.87	3.150	\$	160.00	\$	176.00
PRESCRIPTION DRUGS	66	189		10,560.20		55.87	3.150		160.00		176.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	66	189		10,560.20		55.87	3.150		160.00		176.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	6	Ś	970.00		161.67	.100	Ś	323.33	Ś	16.17
VISITS - DIAGNOSTIC	3	4	Y	70.00	•	17.50	.067	Y	23.33	Y	1.17
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	0		900.00		450.00	.033		900.00		15.00
•	0	0				.00					.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0					.000				
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	•	-		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00.		.00	.000	550	.00	-	.00
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU	DEC	2002	Ρ.	AGE 9,378
MOP024	FEE-FOR-SERVICE/		2055 5		3.75	00000	037				01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 65 BO	JCTP-F	'EDERAL	AID	CODES 0M		0.75		C E	
CO BLICIDIDA	HOEDO	INITED OF OFFI			7. 7. 7.	DAGE GOGE	M			-	
60 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAY				COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF CA		0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00		.00	.000	Ş	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	•	0	ć	.00		.00	.000	Ċ	.00	ċ	.00
@CHIROPRACTOR	0	-	\$.00		.00	.000	Ş	.00	\$.00
VISITS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00		.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0	<u> </u>	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	0		.00		.00	.000		.00		.00
NURSE ANESTHESIST	0	0		.00		.00	.000		.00		.00
NURSE MIDWIFE	U	0	\$.00		.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0		.00		.00	.000		.00	\$.00
@TOTAL HOSPITAL	26	131	Ş	48,585.40		370.88	2.183	Ş	1868.67	Ş	809.76
HOSP INPATIENT TOTAL	6	7		45,710.03		6530.00	.117		7618.34		761.83
HSC HOSPITALS	1_	1		855.00		855.00	.017		855.00		14.25
NON-HSC HOSPITAL TOTAL	5	6		44,855.03		7475.84	.100		8971.01		747.58
ACCOMMODATIONS	5	6		3,333.48		555.58	.100		666.70		55.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	6		3,333.48		555.58	.100		666.70		55.56
ANCILLARIES	5	0		41,521.55		.00	.000		8304.31		692.03
TNDAMIENM CDOCCOVEDC	0	^		0.0		0.0	000		0.0		0.0

0

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124

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7

68

7

19

22

7

7

14

5

12

.00

.00

2,875.37

252.20

568.75

578.37

339.32

925.97

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

.000

.000

2.067

.150

.117

.117

.317

1.133

.00

.00

23.19

28.02

81.25

8.51

48.47

48.74

.00

130.70

36.03

81.25

41.31

67.86

77.16

.00

.00

.00

47.92

4.20

9.48

9.64

5.66

15.43

CROSSOVERS/ALL OTH OUTPINT	6	14	210.76	15.05	.233	35.13	3.51
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 9,379
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	R 65 BCCTP-F	EDERAL	AID CODES OM	ON		
					MON'	THLY AVERA	GE
60 ELIGIBLES	USERS UNITS (OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		YS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	131 \$	48,585.40	\$ 370.88	2.183 \$		\$ 809.76
COMM HOSP INPATIENT TOTAL	6	7	45,710.03	6530.00	.117	7618.34	761.83
HSC HOSPITALS	1	1	855.00	855.00	.017	855.00	14.25
NON-HSC HOSPITALS TOTAL	5	6	44,855.03	7475.84	.100	8971.01	747.58
ACCOMMODATIONS	5	6	3,333.48	555.58	.100	666.70	55.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	6			3,333.48		555.58	.100		666.70		55.56
ANCILLARIES	5	0			41,521.55		.00	.000		8304.31		692.03
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00							
	22	•					.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22 7	124 9			2,875.37		23.19	2.067		130.70		47.92
MEDICAL	,				252.20		28.02	.150		36.03		4.20
SURGERY	7	7			568.75		81.25	.117		81.25		9.48
PATHOLOGY	14	68			578.37		8.51	1.133		41.31		9.64
RADIOLOGY	5	7			339.32		48.47	.117		67.86		5.66
ROOM USE	12	19			925.97		48.74	.317		77.16		15.43
CROSSOVERS/ALL OTH OUTPTNT		14			210.76		15.05	.233		35.13		3.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	۲		.00	Υ	.00	.000	٧	.00	۲	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	84	\$		2,545.07	\$	30.30	1.400	\$	101.80	Ś	42.42
PATHOLOGY	25	84	Y		2,545.07	Y	30.30	1.400	٧	101.80	Y	42.42
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$		2,155.84	\$	179.65	.200	\$	215.58	\$	35.93
CLINIC CLINIC	0	0	Y		.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	12			2,155.84		179.65	.200		215.58		35.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		DEC	MONITHIA OF					DEC		Ъ	AGE 9,380
			KES	MON1H-OF	-PAIMENI R	EPURI	FOR JAN	2002 IHRU	DEC	2002	Р	01/17/03
MOP024	FEE-FOR-SERVICE/I		mp			3 T D	CODEC OM	0.3.7				01/1//03
PLACER COUNTY	SUMMARY OF SERVIO	ES FOR 65 BCC	T.b-F.	EDERAL		AID	CODES 0M		ı∩ıımı	ממתוא אוודע	CE.	
60 ELIGIBLES	USERS (JNITS OF SERVIC	77	EVI	PENDITURES	7/ 7/ 77		UNITS/DAY		ndi Avera COST PER		COST PER
00 FFIGIPTE2	USERS (OR DAYS OF CAR		LAI	ENDIIOKE2			PER ELIC	-	USER		
ANTI OMHED DDOMIDEDC	2				06 57		28.86	.050				ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$		86.57	\$			Þ	43.29	Ş	1.44
DURABLE MED. EQUIP.	0				.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	.000	.00	.00
OPTICIAN	0	0	.00	.0	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.0	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	86.57	28.8	6 .050	43.29	1.44
PROSTHETICS	2	3	86.57	28.8	6 .050	43.29	1.44
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.0	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.0	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.0	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.0	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,381
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

FLACER COUNTI	SUMMARI OF SER	VICES FOR 00 BCC.	IF-21H	TIE-ONTI	AID CODES OF	(01		
						MON	THLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	114	\$	3,113.68	\$ 27.31	38.000 \$	518.95	\$ 1037.89
@PHYSICIANS SERVICES	3	82	\$	331.53	\$ 4.04	27.333 \$	110.51	\$ 110.51
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	82		331.53		4.04	27.333		110.51		110.51
@PHARMACY	6	22 \$	1,	,019.15	\$	46.33	7.333	\$	169.86	\$	339.72
PRESCRIPTION DRUGS	6	22	1,	,019.15		46.33	7.333		169.86		339.72
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6	22	1,	,019.15		46.33	7.333		169.86		339.72
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PA	AYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PAG	E 9,382
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	66 BCCTP-	STATE-ONLY		AID	CODES OR	TO :				

----- MONTHLY AVERAGE -----EXPENDITURES 03 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST Ω 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$.000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 .00 VISITS .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 .000 \$ NURSE MIDWIFE .00 .00 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 1,624.00 @TOTAL HOSPITAL \$ 180.44 3.000 \$ 812.00 \$ 541.33 180.44 812.00 HOSP INPATIENT TOTAL 1,624.00 3.000 541.33 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 1,624.00 180.44 3.000 812.00 541.33 ALL OTHER INPATIENT .00 .00 .000 .00 .00

	•	0	0.0				0.0	0.0
HOSP OUTPATIENT TOTAL	U	0	.00		.000		00	.00
MEDICAL	0	0	.00		.000		00	.00
SURGERY	0	0	.00		.000		00	.00
PATHOLOGY	0	0	.00	. (.000		00	.00
RADIOLOGY	0	0	.00	. (.000		00	.00
ROOM USE	0	0	.00	. (.000		00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	. (.000		00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.	.000	\$.	00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.000		00	.00
HSC HOSPITALS	0	0	.00		.000		00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000		00	.00
	0	0	.00		000 .000		00	.00
ACCOMMODATIONS	0	0						
ADMINISTRATIVE DAYS	0	U	.00		.000		00	.00
TRANSITIONAL IP CARE	•	U	.00		.000		00	.00
ALL OTHER ACCOM	0	0	.00		.000		00	.00
ANCILLARIES	0	0	.00	. (.000		00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000		00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000		00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	. (.000		00	.00
MEDICAL	0	0	.00	. (.000		00	.00
SURGERY	0	0	.00	. (.000		00	.00
PATHOLOGY	0	0	.00		.000		00	.00
RADIOLOGY	0	0	.00		.000		00	.00
ROOM USE	0	0	.00		.000		00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		000 .000		00	.00
#CALIF DEPT OF HEALTH SERV		<u>~</u>						
			JNTH-OF-PAIMENT R.	LPORT FOR	JAN 2002 THRU	DEC 2002		PAGE 9,383
MOP024	FEE-FOR-SERVICE				~ ^- ^-			01/17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 66 BCCTP-ST	ATE-ONLY	AID CODE:				
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DA	YS COST P	ER	COST PER
	USERS	OR DAYS OF CARE		PER UNIT	COST UNITS/DAY	YS COST P G USER	ER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 2	OR DAYS OF CARE 9 \$	1,624.00	PER UNIT	COST UNITS/DAT /DAY PER ELIC 44 3.000	YS COST P G USER \$ 812.	ER 00 \$	COST PER ELIGIBLE 541.33
	USERS 2 2	OR DAYS OF CARE		PER UNIT, \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000	YS COST P G USER \$ 812. 812.	ER 00 \$ 00	COST PER ELIGIBLE 541.33 541.33
@COMMUNITY HOSPITAL TOTAL	2 2 0	OR DAYS OF CARE 9 \$ 9 0	1,624.00	PER UNIT, \$ 180.4	COST UNITS/DAT /DAY PER ELIC 44 3.000	YS COST P G USER \$ 812. 812.	ER 00 \$	COST PER ELIGIBLE 541.33
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 2 2 0 0 0	OR DAYS OF CARE 9 \$ 9	1,624.00 1,624.00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000	YS COST P G USER \$ 812. 812.	ER 00 \$ 00	COST PER ELIGIBLE 541.33 541.33
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	2 2 0	OR DAYS OF CARE 9 \$ 9 0	1,624.00 1,624.00	PER UNIT	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000	YS COST PG USER \$ 812. 812.	ER 00 \$ 00	COST PER ELIGIBLE 541.33 541.33
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	2 2 0	OR DAYS OF CARE 9 \$ 9 0	1,624.00 1,624.00 .00 .00	PER UNIT, \$ 180. 180.	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000	YS COST PG USER \$ 812.	ER 00 \$ 00 00 00 00	COST PER ELIGIBLE 541.33 541.33 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	2 2 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0	1,624.00 1,624.00 .00 .00	PER UNIT \$ 180.	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	2 2 0 0 0	OR DAYS OF CARE 9 \$ 9 0	1,624.00 1,624.00 .00 .00 .00	PER UNIT \$ 180.4 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812.	ER 00 \$ 00 00 00 00 00 00	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	2 2 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812. 812.	ER 00 \$ 00 00 00 00 00 00 00	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	2 2 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	2 2 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST P G USER \$ 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	2 2 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 9 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST P G USER \$ 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	2 2 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 1,624.00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST P G USER \$ 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	2 2 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 9 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 1,624.00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812. 812	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	2 2 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 1,624.00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST PG USER \$ 812.	ER \$000 \$000 000 000 000 000 000 000 000	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST PG USER \$ 812.	ER \$000 \$000 000 000 000 000 000 000 000	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 9 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST PG USER \$ 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST PG USER \$ 812.	ER 00 \$ 000 000 000 000 000 000 000 000 00	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 9 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST PG USER \$ 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 9 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 1	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST PG USER \$ 812.	ER 00 \$ 000 000 000 000 000 000 000 000 00	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST P G USER \$ 812. 812	ER 00 \$ 000 000 000 000 000 000 000 000 00	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4	COST UNITS/DAY /DAY PER ELIC 444 3.000 000 000 000 000 000 000 000 000 0	YS COST P G USER \$ 812. 812	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4 180.4	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST P G USER \$ 812. 812	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 1	COST UNITS/DAY /DAY PER ELIC 44 3.000 44 3.000 00 00 00 00 00 00 00 00 00 00 00 00	YS COST P G USER \$ 812. 812	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 180.4 180.4 180.4 180.5 180.5 180.5 180.5 180.6 1	COST UNITS/DA /DAY PER ELIC 44 3.000 44 3.000 00 .000	YS COST P G USER \$ 812. 812. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 9 \$ 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,624.00 1,624.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT \$ 180.4 180.4 180.4 180.4 180.4 180.5 180.5 180.6 1	COST UNITS/DAY /DAY PER ELIC 44	YS COST P G USER \$ 812. 812. 6 6 7 812. 7 812. 812.	ER	COST PER ELIGIBLE 541.33 541.33 .00 .00 .00 .00 .00 .00 .00 .00 .00

TEN D CHDACHME HCDMI DACED	0	^		.00		0.0	000		.00		0.0
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-C	F-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL									C	1/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	R 66 BCCT	P-STATE-ON	1LY	AID	CODES OR	OT				
							M	ONTI	HLY AVERA	GE	
03 ELIGIBLES	USERS UNITS O	F SERVICE	EΣ	KPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	COS	T PER
		S OF CARE				UNIT/DAY	PER ELIG		USER	ELI	GIBLE
@ALL OTHER PROVIDERS	1	1	\$	139.00	\$	139.00	.333	\$	139.00	\$	46.33
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
	· ·	Ü		. 0 0		• • •			• • • •		• • •

AMBULANCES/AIR TRANS	Ο	Λ		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	0	0									
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	1		139.00		139.00	.333		139.00		46.33
PROSTHETICS	1	1		139.00		139.00	.333		139.00		46.33
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
@XOVER EXCLUDING STATE HOSP**	3	82	Ś	1,955.53	Ś	23.85	27.333	Ś	651.84	\$	651.84
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	ITEM ONLY;	1, 300.00	т.	20.00	2000	7	001.01	т	001.01
G 1011110 IN THESE BINES AND GIVEN	TIO A DELLINATE	TIVE OTHER TOTAL	TITLI OIVIII,								

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,385 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

			MONTHLY AVERAGE					
63 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	106	1,046 \$	91,053.93	\$ 87.05	16.603 \$	859.00	\$ 1445.30	
@PHYSICIANS SERVICES	61	589 \$	23,368.70	\$ 39.68	9.349 \$	383.09	\$ 370.93	
OUTPATIENT VISITS	32	48	2,205.70	45.95	.762	68.93	35.01	
OFFICE VISITS	32	48	2,205.70	45.95	.762	68.93	35.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	13	56	4,769.28	85.17	.889	366.87	75.70	
PRINCIPAL SURGEON	5	7	3 , 165.52	452.22	.111	633.10	50.25	
ASSISTANT SURGEON	5	5	658.07	131.61	.079	131.61	10.45	
ANESTHESIOLOGIST	5	44	945.69	21.49	.698	189.14	15.01	
OUTPATIENT SURGERY	12	33	2,798.31	84.80	.524	233.19	44.42	
PRINCIPAL SURGEON	9	13	2,312.74	177.90	.206	256.97	36.71	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1	42.14	42.	14 .016	42.14	.67
ANESTHESIOLOGIST	4	19	443.43	23.	34 .302	110.86	7.04
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	7	15	361.43	24.	10 .238	51.63	5.74
RADIOLOGY	25	145	10,650.79	73.	45 2.302	426.03	169.06
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	5	182	1,487.16	8.	17 2.889	297.43	23.61
OTHER SERVICES/ALL X-OVERS	12	110	1,096.03	9.	96 1.746	91.34	17.40
@PHARMACY	72	211 \$	11,579.35	\$ 54.	88 3.349	\$ 160.82	\$ 183.80
PRESCRIPTION DRUGS	72	211	11,579.35	54.	88 3.349	160.82	183.80
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	72	211	11,579.35	54.	88 3.349	160.82	183.80
MEDICAL SUPPLIES	0	0	.00		.000	.00	.00
@DENTIST	3	6 \$	970.00	\$ 161.	.095	\$ 323.33	\$ 15.40
VISITS - DIAGNOSTIC	3	4	70.00	17.	.063	23.33	1.11
ORAL SURGERY	0	0	.00		.000	.00	.00
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	0	0	.00		.000	.00	.00
ENDODONTICS	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.000	.00	.00
PROSTHETICS	0	0	.00		.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.	.032	900.00	14.29
SPACE MAINTAINERS	0	0	.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2002 THRU	DEC 2002	PAGE 9,386

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

FLACER COUNTI	SOMMANI OF SEVI	AOT CES FOR	O / DCCII	F-IOIAL								
								M	ГИC	THLY AVERA	·GΕ	
63 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	CRAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28		140	\$	50,209.40	\$	358.64	2.222	\$	1793.19	\$	796.97
HOSP INPATIENT TOTAL	8		16		47,334.03		2958.38	.254		5916.75		751.33
HSC HOSPITALS	1		1		855.00		855.00	.016		855.00		13.57
NON-HSC HOSPITAL TOTAL	5		6		44,855.03		7475.84	.095		8971.01		711.98
ACCOMMODATIONS	5		6		3,333.48		555.58	.095		666.70		52.91

ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	6		3,333.48	55	5.58	.095	666.70		52.91
ANCILLARIES	5	0		41,521.55		.00	.000	8304.31		659.07
INPATIENT CROSSOVERS	2	9		1,624.00	18	0.44	.143	812.00		25.78
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	22	124		2,875.37	2	3.19	1.968	130.70		45.64
MEDICAL	7	9		252.20	2	8.02	.143	36.03		4.00
SURGERY	7	7		568.75	8	1.25	.111	81.25		9.03
PATHOLOGY	14	68		578.37		8.51	1.079	41.31		9.18
RADIOLOGY	5	7		339.32	4	8.47	.111	67.86		5.39
ROOM USE	12	19		925.97	4	8.74	.302	77.16		14.70
CROSSOVERS/ALL OTH OUTPINT	6	14		210.76	1	5.05	.222	35.13		3.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	Ō		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITU	RES MO		REPORT FO			DEC 2002	P.F	AGE 9,387
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	R 67 BCC	TP-TO	ГАТ						, , 30
	21111111 01 0111111010 101	. 0. 200					M	OMPUTV AUDD	CE -	

					MOI	NTHLY AVERA	GE
63 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	140 \$	50,209.40	\$ 358.64	2.222	1793.19	\$ 796.97
COMM HOSP INPATIENT TOTAL	8	16	47,334.03	2958.38	.254	5916.75	751.33
HSC HOSPITALS	1	1	855.00	855.00	.016	855.00	13.57
NON-HSC HOSPITALS TOTAL	5	6	44,855.03	7475.84	.095	8971.01	711.98
ACCOMMODATIONS	5	6	3,333.48	555.58	.095	666.70	52.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	6	3,333.48	555.58	.095	666.70	52.91
ANCILLARIES	5	0	41,521.55	.00	.000	8304.31	659.07
INPATIENT CROSSOVERS	2	9	1,624.00	180.44	.143	812.00	25.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	124	2,875.37	23.19	1.968	130.70	45.64
MEDICAL	7	9	252.20	28.02	.143	36.03	4.00
SURGERY	7	7	568.75	81.25	.111	81.25	9.03
PATHOLOGY	14	68	578.37	8.51	1.079	41.31	9.18
RADIOLOGY	5	7	339.32	48.47	.111	67.86	5.39
ROOM USE	12	19	925.97	48.74	.302	77.16	14.70
CROSSOVERS/ALL OTH OUTPTNT	6	14	210.76	15.05	.222	35.13	3.35
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	84	\$	2,545.07	\$	30.30	1.333	\$	101.80	\$	40.40
PATHOLOGY	25	84		2,545.07		30.30	1.333		101.80		40.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$	2,155.84	\$	179.65	.190	\$	215.58	\$	34.22
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	12		2,155.84		179.65	.190		215.58		34.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 9,388
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/17/03

----- MONTHLY AVERAGE -----63 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 56.39 75.19 \$ @ALL OTHER PROVIDERS 4 225.57 .063 \$ 3.58 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .00 HEARING AID DISPENSERS .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .000 .00 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 225.57 PROSTHETIST/ORTHOTISTS 56.39 .063 75.19 3.58 PROSTHETICS 225.57 56.39 .063 75.19 3.58 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

PLACER COUNTY

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	82	\$ 1,955.53	\$ 23.85	1.302	\$ 651.84	\$ 31.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,389 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	68 QMB -	- ONLY		AID CO	DE		
							MON	ITHLY AVERA	GE
127 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5		5	\$	2,636.88	\$ 527.38	.039 \$	527.38	\$ 20.76
@PHYSICIANS SERVICES	3		3	\$	48.12	\$ 16.04	.024 \$	16.04	\$.38
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		48.12		16.04	.024		16.04		.38
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	9,390
MOP024	FEE-FOR-SERVICE	E/DENTAL								01	./17/03
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR 68 QMB	- ONLY			AID CO	DDE				
							M	ONTH	LY AVERA	SE	
127 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				' PER
		OR DAYS OF CARE					PER ELIG		USER		SIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	5.80	\$	5.80	.008	\$	5.80	\$.05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		5.80		5.80	.008		5.80		.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	Ş	.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND		NTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 9,391
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY S	SUMMARY OF SERVICES FO	R 68 QMB - ONLY	ď	AID CO	DE		
					MONTH		
127 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		VC OF CARE		סבס וואודה/סאע	DED DITC	IICED	CT TCTDT C

					1.1014	TILLI AVEIVAG	111
127 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	2,536.00	\$.00	.000	Ś		\$	19.97
-		0	Ş		Ą			Ą	.00	Ą	
LEV A-INTERMEDIATE	0	0		.00		.00	.000				.00
LEV B-REHAB MD	0	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		2,536.00		.00	.000		2536.00		19.97
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0	'	.00		.00	.000		.00		.00
XO AND OTHERS	Û	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
CLINIC	0	0	Υ	.00	Υ	.00	.000	Y	.00	۲	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· ·		DEC MON							D.	
MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		RES MON	IN-OF-PAIMENT R.	LPORI	. FOR JAN 2	ZUUZ IRKU I		, 2002	PF	AGE 9,392 01/17/03
			ONIT			7 TD 00	NDE.				01/1//03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 68 QMB	- ONLY			AID CC		~ » т гг		C.F.	
107 5 5 5 5 5			_		3		M(
127 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		CRAGE COST		S	COST PER		COST PER
0	-	OR DAYS OF CAR		46.06		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	46.96	\$	46.96	.008	Ş	46.96	Ş	.37
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	•	0		0.0		0.0	0.00		0.0		

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ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	46.96	46.96	.008	46.96	.37
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	5	\$ 2,636.88	\$ 527.38	.039	\$ 527.38	\$ 20.76

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY	SUMMARY OF SERV	TICES FOR 69 133%	PROGRAM	A:	ID CODES 72 74	8N		
						MON	THLY AVERA	GE
3,206 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,116	3,432	\$	112,335.03	\$ 32.73	1.070 \$		\$ 35.04
@PHYSICIANS SERVICES	619	1,145	\$	36,781.97	\$ 32.12	.357 \$	59.42	\$ 11.47
OUTPATIENT VISITS	547	759		23,820.13	31.38	.237	43.55	7.43
OFFICE VISITS	450	620		18,879.54	30.45	.193	41.95	5.89
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	87	96		3,874.93	40.36	.030	44.54	1.21
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.01
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	41	42		1,028.27	24.48	.013	25.08	.32
INPATIENT VISITS	7	43		3,401.40	79.10	.013	485.91	1.06
HOSPITAL VISITS	5	39		2,588.12	66.36	.012	517.62	.81
CRITICAL CARE	3	4		813.28	203.32	.001	271.09	.25
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		6.00	6.00	.000	6.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	1	1		6.00	6.00	.000	6.00	.00
INPATIENT HOSPITAL SURGERY	2	5		419.58	83.92	.002	209.79	.13
PRINCIPAL SURGEON	1	1		287.61	287.61	.000	287.61	.09
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		131.97	32.99	.001	131.97	.04
OUTPATIENT SURGERY	41	110		5,662.06	51.47	.034	138.10	1.77
PRINCIPAL SURGEON	30	36		3,845.90	106.83	.011	128.20	1.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	74		1,816.16	24.54	.023	139.70	.57
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	67	79		614.03	7.77	.025	9.16	.19
RADIOLOGY	50	65		1,848.48	28.44	.020	36.97	.58
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9		120.21	13.36	.003	17.17	.04
OTHER SERVICES/ALL X-OVERS	41	74		890.08	12.03	.023	21.71	.28
@PHARMACY	436	811	\$	•	\$ 26.90	.253 \$		
PRESCRIPTION DRUGS	431	765		20,767.48	27.15	.239	48.18	6.48
SNF/ICF	1	1		4.84	4.84	.000	4.84	.00
OUTPATIENTS	430	764		20,762.64	27.18	.238	48.29	6.48

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	9	46		1,050.48		22.84	.014		116.72		.33
@DENTIST	116	544	\$	16,323.00	\$	30.01	.170	\$	140.72	\$	5.09
VISITS - DIAGNOSTIC	81	301		4,774.00		15.86	.094		58.94		1.49
ORAL SURGERY	13	27		875.00		32.41	.008		67.31		.27
DRUGS	30	34		800.00		23.53	.011		26.67		.25
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	20	37		2,475.00		66.89	.012		123.75		.77
RESTORATIVE DENTISTRY	49	142		7,199.00		50.70	.044		146.92		2.25
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	2		200.00		100.00	.001		100.00		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	ES MON'	TH-OF-PAYMENT R	REPOF	RT FOR JAN 2	2002 THRU D	ЕC	2002	P	AGE 9,394
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/17/03
PLACER COUNTY	SUMMARY OF SERVIC	CES FOR 69 133%	PROGR	AM A	AID C	CODES 72 74	8N				
							MO	NTE	HLY AVERA	GE ·	
3,206 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	C	COST PER	(COST PER
		OR DAYS OF CARE			PE	ER UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	7	20	\$	407.56	\$	20.38	.006	\$	58.22	\$.13
DIAGNOSTIC AND ANC. PROCED	4	4		182.54		45.64	.001		45.64		.06
EYE APPLIANCES	6	16		225.02		14.06	.005		37.50		.07
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

/		0	0.0	0.0	0.00	0.0	0.0
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	183	480 \$	22,854.12	\$ 47.61	.150		
HOSP INPATIENT TOTAL	4	9	11,144.95	1238.33	.003	2786.24	3.48
HSC HOSPITALS	3	8	9,970.00	1246.25	.002	3323.33	3.11
	J 1	0	•				
NON-HSC HOSPITAL TOTAL	1	1	1,174.95	1174.95	.000	1174.95	.37
ACCOMMODATIONS	1	1	1,174.95	1174.95	.000	1174.95	.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	1,174.95	1174.95	.000	1174.95	.37
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	180	471	11,709.17	24.86	.147	65.05	3.65
MEDICAL	20	28	646.68	23.10	.009	32.33	.20
SURGERY	14	15	495.23	33.02	.005	35.37	.15
PATHOLOGY	44	111	1,145.59	10.32	.035	26.04	.36
RADIOLOGY	38	45	1,302.86	28.95	.014	34.29	.41
ROOM USE	152	169	6,436.28	38.08	.053	42.34	2.01
CROSSOVERS/ALL OTH OUTPTNT	69	103	•	16.34	.033	24.38	.52
	1		1,682.53 157.04	\$ 26.17	.002 \$		
@COUNTY HOSPITAL TOTAL	0	•					·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	•	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	157.04	26.17	.002	157.04	.05
MEDICAL	1	2	77.50	38.75	.001	77.50	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	36.41	18.21	.001	36.41	.01
ROOM USE	_ 1	<u>1</u>	33.32	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPINT	1	1	9.81	9.81	.000	9.81	.00
#CALIF DEPT OF HEALTH SERV	=	ES AND EXPENDITURES					PAGE 9,395
MOP024	FEE-FOR-SERVICE		HOWIN OF THIRDNEY	CDIOICI IOIC OIII	2002 IIIKO DI	10 2002	01/17/03
PLACER COUNTY		ICES FOR 69 133% PF	OCD AM 7	AID CODES 72 74	1 Q NT		01/1//05
FLACER COUNTY	SUMMANT OF SERV.	ICES FOR 09 133% FI	(OGNAPI	AID CODES 12 15	MON	TTHIV AVERA	GE
3,206 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMERACE COST	UNITS/DAYS		COST PER
3,200 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITE HORDINAL HORAL	182	474 \$	22,697.08	\$ 47.88	.148		
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	182	4/4 \$	•	1238.33		2786.24	\$ 7.08 3.48
	3	8	11,144.95 9,970.00		.003		
HSC HOSPITALS			•	1246.25	.002	3323.33	3.11
NON-HSC HOSPITALS TOTAL	1	1	1,174.95	1174.95	.000	1174.95	.37
ACCOMMODATIONS	1	1	1,174.95	1174.95	.000	1174.95	.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. 0.0	. 0.0	. 000	. 00	. 0.0

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TRANSITIONAL IP CARE

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ALL OTHER ACCOM	1	1		1,174.95		1174.95	.000		1174.95		.37
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	179	465		11,552.13		24.84	.145		64.54		3.60
MEDICAL	19	26		569.18		21.89	.008		29.96		.18
SURGERY	14	15		495.23		33.02	.005		35.37		.15
PATHOLOGY	44	111		1,145.59		10.32	.035		26.04		.36
RADIOLOGY	37	43		1,266.45		29.45	.013		34.23		.40
ROOM USE	151	168		6,402.96		38.11	.052		42.40		2.00
CROSSOVERS/ALL OTH OUTPTNT	68	102		1,672.72		16.40	.032		24.60		.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
-	0	0	Ą		Ą			Ą		Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		
DEVELOP. DISABLED	0	0	<u> </u>	.00	^		.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	•	•	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	60	94	\$	1,104.12	\$	11.75	.029	Ś	18.40	Ś	.34
PATHOLOGY	60	94	'	1,104.12	'	11.75	.029		18.40		.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	47	92	\$	10,187.47	Ś	110.73	.029	\$	216.75	Ś	3.18
CLINIC	11	1.3	т.	456.48	т	35.11	.004	т.	41.50	т.	.14
SURGICENTER	6	41		1,329.38		32.42	.013		221.56		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	38		8,401.61		221.10	.012		271.02		2.62
#CALIF DEPT OF HEALTH SERV	~ -		ו פי	MONTH-OF-PAYMENT R	FPORT			DEC		ÞΙ	AGE 9,396
MOP024	FEE-FOR-SERVICE		ا دن	MONIII OF FAIMENT IN	EF OI	. FOR UAN 2	.002 11110	DEC	2002	LI	01/17/03
PLACER COUNTY		ICES FOR 69 133%	חחת		TD CC	DDES 72 74	ONT				01/1//03
PLACER COUNTI	SUMMARI OF SERV	ICES FOR 09 155%	FI	JGRAM A	ID CC	DES 12 14	M		UIV AUEDA	CF -	
3,206 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.7.1	RAGE COST					COST PER
3,200 ELIGIBLES	USEKS			EXPENDITORES							
GALL OWNED DEOLINEDS	2.5	OR DAYS OF CARE	ċ	2 050 02		R UNIT/DAY			USER		ELIGIBLE .89
@ALL OTHER PROVIDERS	35	246	\$	2,858.83	\$.077	Ş	81.68	Ş	
DURABLE MED. EQUIP.	1	1		99.99		99.99	.000		99.99		.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	100		1,093.40		10.93	.031		182.23		.34
AMBULANCES/AIR TRANS	6	100		1,093.40		10.93	.031		182.23		.34
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	Λ	<u> </u>		0.0		\cap	$\cap \cap \cap$		\cap		$\cap \cap$

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OTHER TRANS OTHER SERVICES

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

ACUPUNCTURE

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	165.49	10.34	.005	20.69	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	9	480.35	53.37	.003	68.62	.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	120	1,019.60	8.50	.037	72.83	.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	28	86	\$ 16,146.45	\$ 187.75	.027	\$ 576.66	\$ 5.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,397
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----2,420 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 752 2,589 81,843.83 31.61 1.070 \$ 108.83 \$ 33.82 @TOTAL, ALL PROVIDERS 280 695 19,731.45 28.39 .287 \$ 70.47 \$ 8.15 @PHYSICIANS SERVICES 229 283 42.85 OUTPATIENT VISITS 34.67 .117 4.05 9,812.35 189 227 41.65 OFFICE VISITS 7,872.59 34.68 .094 3.25 0 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 1,324.31 40.13 .014 41.38 .55 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 Ω Ω .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 19 26.76 32.39 .25 OTHER OUTPATIENT 615.45 .010 20 INPATIENT VISITS 3 760.61 38.03 .008 253.54 .31 HOSPITAL VISITS 760.61 38.03 .008 253.54 .31 CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 211.88 30.27 .003 30.27 .09 EXAMINATIONS 189.88 47.47 .002 47.47 .08 SERVICES AND MATERIALS 22.00 7.33 .001 7.33 . 01 461.87 115.47 .002 230.94 .19 INPATIENT HOSPITAL SURGERY 461.87 115.47 230.94 .002 .19 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 ANESTHESIOLOGIST .00 .00 .00 .00 OUTPATIENT SURGERY 33 57 2,917.86 51.19 88.42 1.21 .024 31 49 53.58 84.69 PRINCIPAL SURGEON 2,625.30 .020 1.08 0 .00 .00 .00 ASSISTANT SURGEON .000 .00 292.56 36.57 ANESTHESIOLOGIST .003 73.14 .12 0 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY 38 41 306.79 7.48 .017 8.07 .13 45 RADIOLOGY 3,185.82 48.27 .027 70.80 1.32 **PSYCHIATRY** 65.96 32.98 .001 32.98 .03

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	3	9	119.83	13.31	.004	39.94	.05
OTHER SERVICES/ALL X-OVERS	32	206	1,888.48	9.17	.085	59.02	.78
@PHARMACY	248	452	19,558.56	\$ 43.27	.187	\$ 78.87	\$ 8.08
PRESCRIPTION DRUGS	245	438	18,870.65	43.08	.181	77.02	7.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	245	438	18,870.65	43.08	.181	77.02	7.80
MEDICAL SUPPLIES	7	14	687.91	49.14	.006	98.27	.28
@DENTIST	174	815 \$	21,779.38	\$ 26.72	.337	\$ 125.17	\$ 9.00
VISITS - DIAGNOSTIC	115	557	8,093.38	14.53	.230	70.38	3.34
ORAL SURGERY	22	42	2,363.00	56.26	.017	107.41	.98
DRUGS	9	11	200.00	18.18	.005	22.22	.08
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	9	9	316.40	35.16	.004	35.16	.13
RESTORATIVE DENTISTRY	54	149	6,010.60	40.34	.062	111.31	2.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	111.00	55.50	.001	55.50	.05
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.001	50.00	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	36	4,335.00	120.42	.015	154.82	1.79
ALL OTHER SERVICES	5	6	150.00	25.00	.002	30.00	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 9,398
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

AID CODES 7A 7C 8R

SUMMARY OF SERVICES FOR 70 100% PROGRAM

PLACER COUNTY

----- MONTHLY AVERAGE -----2,420 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 51 1,299.31 \$ 25.48 .021 \$ 54.14 \$.54 17 17 806.65 47.45 .007 47.45 .33 DIAGNOSTIC AND ANC. PROCED 14 492.66 14.49 35.19 EYE APPLIANCES .014 .20 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .002 \$ @CHIROPRACTOR 66.88 16.72 22.29 \$.03 66.88 16.72 22.29 .03 VISITS .002 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 \$.00 \$.00 .000 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .000 \$ NURSE MIDWIFE .00 .00 .00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 19.75 19.75 .000 \$ 19.75 FAMILY NURSE PRACTITIONER 78 177 8,108.55 45.81 .073 \$ @TOTAL HOSPITAL 103.96 \$ 3.35 2,155.00 HOSP INPATIENT TOTAL 1077.50 .001 1077.50 .89 1077.50 1077.50 HSC HOSPITALS 2,155.00 .001 .89 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	76	175		5,953.55	34.02	.072	78.34		2.46
MEDICAL	6	8		632.04	79.01	.003	105.34		.26
SURGERY	8	8		220.52	27.57	.003	27.57		.09
PATHOLOGY	22	58		485.90	8.38	.024	22.09		.20
RADIOLOGY	16	23		1,500.52	65.24	.010	93.78		.62
ROOM USE	56	65		2,398.59	36.90	.027	42.83		.99
CROSSOVERS/ALL OTH OUTPTNT	10	13		715.98	55.08	.005	71.60		.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002		E 9,399
MOP024	FEE-FOR-SERVICE							(01/17/03
PLACER COUNTY	SUMMARY OF SERVI	ICES FOR 70 100%	PROG	RAM AI	ID CODES 7A 7	C 8R			
							ONTHLY AVERA	-	
2,420 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS				ST PER
		OR DAYS OF CARE			PER UNIT/DA				IGIBLE
@COMMUNITY HOSPITAL TOTAL	78	177	\$	8,108.55	\$ 45.81	.073	\$ 103.96	\$	3.35

COMM HOSP INPATIENT TOTAL	2	2			2,155.00		1077.50	.001		1077.50		.89
HSC HOSPITALS	2	2			2,155.00		1077.50	.001		1077.50		.89
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		
ALL OTHER ACCOM		0					.00	.000				.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	76	175			5 , 953.55		34.02	.072		78.34		2.46
MEDICAL	6	8			632.04		79.01	.003		105.34		.26
SURGERY	8	8			220.52		27.57	.003		27.57		.09
PATHOLOGY	22	58			485.90		8.38	.024		22.09		.20
RADIOLOGY	16	23			1,500.52		65.24	.010		93.78		.62
ROOM USE	56	65			2,398.59		36.90	.027		42.83		.99
	10	13										
CROSSOVERS/ALL OTH OUTPTNT			Ċ		715.98	Ċ	55.08	.005	Ċ	71.60	Ċ	.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Þ	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Õ	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
	0		Ċ			Ċ			Ċ		Ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Þ	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$		45.84	\$	45.84	.000	\$	45.84	Ś	.02
HOSPITAL BASED	1	1			45.84	'	45.84	.000		45.84		.02
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
	29	81	ċ		984.12	\$	12.15		ċ		\$	
@LABORATORY FACILITY			\$			Ş		.033	\$	33.94	Þ	.41
PATHOLOGY	29	81			984.12		12.15	.033		33.94		.41
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	42	82	\$		7,691.31	\$	93.80	.034	\$	183.13	\$	3.18
CLINIC	14	35			796.10		22.75	.014		56.86		.33
SURGICENTER	2	14			466.33		33.31	.006		233.17		.19
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	33			6,428.88		194.81	.014		247.26		2.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES I	MONTH-C		EPORT			DEC		Р	AGE 9,400
MOP024	FEE-FOR-SERVICE		01120			0	. 101. 0111. 1			2002	_	01/17/03
PLACER COUNTY	SUMMARY OF SERV		Nº DD	OCDMM	7\	TD CC	DEC 71 70	Q D				01/11/03
FLACER COUNTI	SUMMARI OF SERV	ICES FOR 70 10	Uo FN	OGRAM	A	יים עדי	DES /A /C			III W A 17772 A	CE	
0.400 51.5015150			~ =		DELID T #11DE 0	3.7.7				HLY AVERA		
2,420 ELIGIBLES	USERS	UNITS OF SERVI		EX	PENDITURES							COST PER
		OR DAYS OF CA					R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	69	230	\$		2,558.68	\$.095	\$		\$	1.06
DURABLE MED. EQUIP.	2	4			76.52		19.13	.002		38.26		.03
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	30			342.13		11.40	.012		171.07		.14
	_	30								/		

AMBULANCES/AIR TRANS	2	30	342.13	11	.40	.012	171.07		.14
OTHER TRANS	0	0	.00		.00	.000	.00	1	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	1	.00
ACUPUNCTURE	3	14	227.08	16	.22	.006	75.69)	.09
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	1	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	1	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	1	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	1	.00
OPTICIAN	16	32	299.14	9	.35	.013	18.70	1	.12
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	1	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	1	.00
PROSTHETIST/ORTHOTISTS	2	2	74.90	37	.45	.001	37.45	i	.03
PROSTHETICS	2	2	74.90	37	.45	.001	37.45	,	.03
ORTHOTICS	0	0	.00		.00	.000	.00	1	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	1	.00
SPEECH AND AUDIOLOGY	5	6	271.44	45	.24	.002	54.29)	.11
HOSPICE SERVICES	0	0	.00		.00	.000	.00	1	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	1	.00
LOCAL EDUCATION AGENCIES	39	142	1,267.47	8	.93	.059	32.50	1	.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	1	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	1	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	1	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	1	.00
@CALIF. CHILDREN SERVICES*	9	19	\$ 2,656.75	\$ 139	.83	.008	\$ 295.19	\$	1.10
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,401 #CALIF DEPT OF HEALTH SERV MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 224 1,033 43,984.42 \$ 42.58 .000 \$ 196.36 \$.00 .00 28 55 3,397.15 61.77 .000 \$ 121.33 \$ @PHYSICIANS SERVICES 7 30 51.12 219.09 OUTPATIENT VISITS 1,533.65 .000 .00 22.90 22.90 OFFICE VISITS 68.70 .000 .00 HOME VISITS 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 1,464.95 54.26 .000 244.16 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .000 OUTPATIENT SURGERY 80.00 26.67 80.00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.000	80.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	2	10.28	5.14	.000	5.14		.00
RADIOLOGY	20	20	1,773.22	88.66	.000	88.66		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	3	3 \$	47.45	\$ 15.82	.000	\$ 15.82	\$.00
PRESCRIPTION DRUGS	3	3	47.45	15.82	.000	15.82		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	3	3	47.45	15.82	.000	15.82		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	9,402

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

							MO	ТИС	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$	163.74	\$	163.74	.000	\$	163.74	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	163.74	163.74	.000	163.74	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	7.60	.00	.000	.00	.00
RADIOLOGY	1	1	156.14	156.14	.000	156.14	.00
	1	0					
ROOM USE	0	•	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	ŭ	ES AND EXPENDITURES M					PAGE 9,403
MOP024	FEE-FOR-SERVICE		ONIH-OF-FAIMENI KE	FORT FOR JAN 2	2002 IRKO DE	C 2002	01/17/03
			ELICIDILIEN DDECNA	NIE ATD CODEC	7.5		01/11/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 71 PRESUMP	ELIGIBILITY-PREGNA	NT AID CODES			CE
00 81 1018180	HORDO	INTEG OF GERLICE	DADENDIENDE	717ED 7 CE COCE	MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	4.60 = 4	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	163.74	\$ 163.74	.000 \$		·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	163.74	163.74	.000	163.74	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	7.60	.00	.000	.00	.00
RADIOLOGY	1	1	156.14	156.14	.000	156.14	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•						
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	111	164	\$	4,760.03	\$	29.02	.000	\$	42.88	\$.00
PATHOLOGY	111	164		4,760.03		29.02	.000		42.88		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	146	794	\$	33,936.05	\$	42.74	.000	\$	232.44	\$.00
CLINIC	141	789		33,446.85		42.39	.000		237.21		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		489.20		97.84	.000		97.84		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N	MONTH-OF-PAYMENT RE	EPOR	r for Jan 200	02 THRU	DEC	2002	PAGE	- ,
MOP024	FEE-FOR-SERVICE/DENTAI									(01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FO	DR 71 PRE	SUMP	ELIGIBILITY-PREGNA	TNP	AID CODES 7					
							M	ONT	HLY AVERA	GE	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

COST PER

00 ELIGIBLES

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	16 \$	1,680.00	\$ 105.00	.000 \$	112.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	16	1,680.00	105.00	.000	112.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,405
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

PRINCIPAL STREEM												
ANSTRAMT SURGEN O	INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
MINESTMENTIOLORISTS	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY 0	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PRINCIPAL SUMSKEOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
ANSISTANT SURCEON ONE	OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
ANSISTANT SURCEON ONE		0	0									
DIALYSIS DIALYS		0	0									
DIALYSIS		0	0									
PATHOLOGY		0	0									
RADIOLOGY		0	0									
PSYCHIATRY		0	0									
THEMUNIZATION AND INJECTION		0	Û									
OTHER SERVICES ALL X-OVERS		0	0									
PRESCRIPTION DRUGS		0	•									
PRESCRIPTION DRUGS		0	· ·	¢		Ċ			Ċ		Ċ	
SMF/ICF	-	0	•	۲		Ÿ			Y		Y	
OUTPATIENTS		0	-									
MEDICAL SUPPLIES		0	•									
		0	-									
VISITS - DIAGNOSTIC		0	•	÷		ċ			ċ		Ċ	
ORAL SURGERY 0	•	0	•	Ą		Ą			Ş		Ş	
DRIGIGS		0	•									
AMESTHESIA 0		0	•									
PERIODONTICS		0	0									
RESTORATIVE DENTISTRY		U	0									
RESTORATIVE DENTISTRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
PROSTRETICS		0	0									
DENTURES, STAYPLATES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0									
SPACE MAINTAINERS		0	0									
MAXILLOFACIAL SERVICES 0 0 .00 .	•	0	0									
FRACTURES, DISLOCATIONS		0	0									
ORTHODONIC SERVICES 0		0	0									
ALL OTHER SERVICES O	•	0	0									
#CALIF DEPT OF HEALTH SERV MODI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,406 MOD024 SUMMARY OF SERVICE PENTAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE **TOTAL COUNTY SUMMARY OF SERVICES SUMMARY OF SERVICES SUMMARY OF SERVICES SERVICES SERVICES ON SUMMARY OF SERVICE	ORTHODONTIC SERVICES	0	•									
MOPO24	ALL OTHER SERVICES	0	•									
PLACER COUNTY	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002		
O ELIGIBLES	MOP024	FEE-FOR-SERVICE	I/DENTAL									01/17/03
O	PLACER COUNTY	SUMMARY OF SERV	ICES FOR 72 ME	DI-CA	L TUBERCULOSIS PRO	GRAM	AID CC	DDE				
OR DAYS OF CARE								M	ONT:	HLY AVERA	GE	
@OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	00 ELIGIBLES	USERS			EXPENDITURES							
DIAGNOSTIC AND ANC. PROCED 0 0 .00												
EYE APPLIANCES 0 0 .00	@OPTOMETRIST	0	0	\$		\$			\$		\$	
OTHER OPTOMETRIC SERVICES 0 0 .00		0	•									
@CHIROPRACTOR 0 0 \$.00 \$.00 </td <td>EYE APPLIANCES</td> <td>0</td> <td>· ·</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td></td> <td></td> <td></td>	EYE APPLIANCES	0	· ·		.00		.00	.000				
VISITS 0 0 .00		0	0		.00		.00	.000				
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 @PODIATRIST 0 0 \$.00 \$.00 .00 \$.00 MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .00 .00 .00 SURGERY/ANES. 0 0 .00	@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PODIATRIST 0 0 \$.00 \$.00 <td></td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>		0	0		.00		.00	.000		.00		.00
MEDICINE/INJECTIONS 0 0 .00	OTHER SERVICES	0	0		.00		.00	.000		.00		.00
SURGERY/ANES. 0 0 .00	@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
RADIO./PATHOLOGY 0 0 .00	MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
OTHER 0 0 .00 .00 .00 .00 .00 @HOME HEALTH AGENCY 0 0 \$.00 \$ </td <td>SURGERY/ANES.</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY 0 0 \$.00 \$<	RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 .000 \$.00	OTHER	0	0		.00		.00	.000		.00		.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 .000 \$.00	@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00	NURSE ANESTHESIST	0	0			\$.00	.000	\$.00	\$.00
		0	0	\$		\$			\$		\$	
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00	PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.(.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$				\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		000	.00	.00
	0	0				.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.000		.00
ACCOMMODATIONS	U	U	.00		.000	.00	.00
ADMINISTRATIVE DAYS	Ü	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	. (.000	.00	.00
MEDICAL	0	0	.00	. (.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		000 .000	.00	.00
ROOM USE	0	0	.00		000 .000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0		.00		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	,		•		\$.00	
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.000	.00	.00
HSC HOSPITALS	Ü	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (.000	.00	.00
ANCILLARIES	0	0	.00	. (.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		000 .000	.00	.00
RADIOLOGY	0	0	.00		000	.00	.00
ROOM USE	0	0	.00		000	.00	.00
	0	0	.00		000 .000		.00
CROSSOVERS/ALL OTH OUTPTNT	•	•				.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	REPORT FOR a	JAN 2002 THRU D.	EC 2002	PAGE 9,407
MOP024	FEE-FOR-SERVICE/						01/17/03
PLACER COUNTY	SUMMARY OF SERVI	CES FOR /2 MEDI-C	AL TUBERCULOSIS PRO	GRAM A.	ID CODE		~=
00						NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DAYS		COST PER
		OR DAYS OF CARE			DAY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$		\$.(.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	. (.000	.00	.00
HSC HOSPITALS	0	0	.00	. (.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		000 .000	.00	.00
ALL OTHER INPATIENT	0	0	.00		000 .000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		000 .000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00

.00

.000

.00

.00

MEDICAL

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0								
CROSSOVERS/ALL OTH OUTPINT	0		Ċ	.00	Ċ	.00	.000	.00	Ċ	.00
@STATE HOSPITAL	U	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B TRANSTITIONAL IF CARE	0	0		.00		.00	.000	.00		.00
	0	-	<u> </u>		^				<u> </u>	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	.00	٧	.00
	0	-								
INDEPENDENT FACILITY	0	0	<u> </u>	.00	^	.00	.000	.00	<u> </u>	.00
@LABORATORY FACILITY	U	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	ū	EC M		DODT				D7	AGE 9,408
MOP024	FEE-FOR-SERVICE/DENTAL		LO M	ONIH OF FAIMENT RE	IFORI	FOR UAN 2	2002 IIINO D	EC 2002	I F	01/17/03
			O 7 T	MIDEDGII OGTG DDOG	T 7 M	7 TD 00	NDE .			01/1//03
PLACER COUNTY	SUMMARY OF SERVICES FO	OR /2 MEDI	-CAL	TUBERCULUSIS PROG	KAM	AID CO		NIMIII	C.E.	
00 51 5355 53	HOTEL HILLE	00 000			31100			NTHLY AVERA		
00 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
_		YS OF CARE					PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	Ő		.00		.00	.000	.00		.00
	0	0								
ACUPUNCTURE	-			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
110011111110110110110	· ·	J		• • • •		• • • •	.000	• • • •		• • •

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,409
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MOI	NTHLY AVERA	GE
286 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	349	1,727	\$	150,319.49	\$ 87.04	6.038	\$ 430.71	\$ 525.59
@PHYSICIANS SERVICES	161	563	\$	36,687.01	\$ 65.16	1.969	\$ 227.87	\$ 128.28
OUTPATIENT VISITS	70	114		6,571.67	57.65	.399	93.88	22.98
OFFICE VISITS	27	32		1,460.81	45.65	.112	54.10	5.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13		603.60	46.43	.045	50.30	2.11
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	34	69		4,507.26	65.32	.241	132.57	15.76
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	18	39		2,478.36	63.55	.136	137.69	8.67

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	17	30			1,174.72		39.16	.10		69.10		4.11
CRITICAL CARE	1	9			1,303.64		144.85	.03		1303.64		4.56
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000)	.00		.00
EXAMINATIONS	0	0			.00		.00	.000)	.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000)	.00		.00
INPATIENT HOSPITAL SURGERY	27	194		1	8,249.56		94.07	.678	3	675.91		63.81
PRINCIPAL SURGEON	15	15		1	3,700.07		913.34	.052	2	913.34		47.90
ASSISTANT SURGEON	3	3			714.74		238.25	.010)	238.25		2.50
ANESTHESIOLOGIST	16	176			3,834.75		21.79	.61	5	239.67		13.41
OUTPATIENT SURGERY	26	39			3,689.97		94.61	.13	5	141.92		12.90
PRINCIPAL SURGEON	21	25			3,130.08		125.20	.08	7	149.05		10.94
ASSISTANT SURGEON	0	0			.00		.00	.000)	.00		.00
ANESTHESIOLOGIST	14	14			559.89		39.99	.049	9	39.99		1.96
DIALYSIS	0	0			.00		.00	.000)	.00		.00
PATHOLOGY	23	47			806.83		17.17	.16	1	35.08		2.82
RADIOLOGY	59	67			4,140.15		61.79	.23		70.17		14.48
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1.3	39			421.71		10.81	.13		32.44		1.47
OTHER SERVICES/ALL X-OVERS	10	24			328.76		13.70	.084		32.88		1.15
@PHARMACY	48	79	\$		953.79		12.07	.27			Ś	3.33
PRESCRIPTION DRUGS	48	79	-T		953.79		12.07	.27		19.87	4	3.33
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	48	79			953.79		12.07	.27		19.87		3.33
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00		.00	.000			Ś	.00
VISITS - DIAGNOSTIC	0	0	τ.		.00		.00	.000		.00	Τ.	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•	סידים	MONIMII OF							т	
MOP024			レロシ	MONIU-OF-	FAIMENT	VTLOK!	. FUR JAN	ZUUZ IHK	ולע כ	LC 2002	F	PAGE 9,410 01/17/03
MOPUZ4	FEE-FOR-SERVICE/DENTAI							_				01/1//03

PLACER COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES 7M 7P 7R

286 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 .000 VISITS .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	157.50	\$	39.38	.014	\$	78.75	\$.55
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	68	240	\$	79,696.17	\$	332.07	.839	\$	1172.00	\$	278.66
HOSP INPATIENT TOTAL	24	69		75,689.19		1096.94	.241		3153.72		264.65
HSC HOSPITALS	18	47		55,244.24		1175.41	.164		3069.12		193.16
NON-HSC HOSPITAL TOTAL	6	22		20,444.95		929.32	.077		3407.49		71.49
ACCOMMODATIONS	6	22		9,716.28		441.65	.077		1619.38		33.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	22		9,716.28		441.65	.077		1619.38		33.97
ANCILLARIES	6	0		10,728.67		.00	.000		1788.11		37.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	51	171		4,006.98		23.43	.598		78.57		14.01
MEDICAL	3	4		81.57		20.39	.014		27.19		.29
SURGERY	5	6		222.66		37.11	.021		44.53		.78
PATHOLOGY	25	67		799.72		11.94	.234		31.99		2.80
RADIOLOGY	1.4	15		1,027.68		68.51	.052		73.41		3.59
ROOM USE	26	32		1,281.60		40.05	.112		49.29		4.48
CROSSOVERS/ALL OTH OUTPTNT	18	47		593.75		12.63	.164		32.99		2.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т.	.00	7	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M		E.POP			DEC		P	AGE 9,411
MOP024	FEE-FOR-SERVICE/DENTA		TUU I	OHIN OF TATRIDING IV.	01/	I ION OAN	2002 11110	ب ندر	2002	Т.	01/17/03
PLACER COUNTY	SUMMARY OF SERVICES F		OR CO	MSENT AID CODES A	TD C	ODES 7M 71	9 7 R				01/11/03
THACHI COOMII	DOLUMNI OF DELLATORS L	OTC 10 BITIN	011 00	WORKI AID CODES A	1D C	וו ויוו טיייטט	- /11			~-	

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 286 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 68 240 \$ 79,696.17 \$ 332.07 .839 \$ 1172.00 \$ 278.66 COMM HOSP INPATIENT TOTAL 24 69 75,689.19 1096.94 .241 3153.72 264.65 55,244.24 47 3069.12 HSC HOSPITALS 18 1175.41 .164 193.16 22 929.32 .077 3407.49 NON-HSC HOSPITALS TOTAL 20,444.95 71.49 22 9,716.28 441.65 .077 1619.38 33.97 ACCOMMODATIONS 6 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00

ALL OTHER ACCOM	6	22		9,716.28		441.65	.077		1619.38		33.97
ANCILLARIES	6	0		10,728.67		.00	.000		1788.11		37.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	51	171		4,006.98		23.43	.598		78.57		14.01
MEDICAL	3	4		81.57		20.39	.014		27.19		.29
SURGERY	5	6		222.66		37.11	.021		44.53		.78
PATHOLOGY	25	67		799.72		11.94	.234		31.99		2.80
RADIOLOGY	14	15		1,027.68		68.51	.052		73.41		3.59
ROOM USE	26	32		1,281.60		40.05	.112		49.29		4.48
CROSSOVERS/ALL OTH OUTPTNT	18	47		593.75		12.63	.164		32.99		2.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
MENTALLY ILL	0	0	۲	.00	Ÿ	.00	.000	ې	.00	ې	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	۲	.00	Ÿ	.00	.000	ې	.00	ې	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REMAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACULE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą		Ş	.00	.000	Ą	.00	Ą	.00
	0	0		.00			.000		.00		.00
ICF DD	0	-				.00					
ICF DDN/DDCN	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	0	Ş		Ş	.00	.000	Ş		Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	Ċ	.00	ć	.00	.000	ċ	.00	Ċ	.00
@REHABILITATION FACILITY	0	Ü	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	ć	.00	.000	ċ	.00	Ċ	.00
@LABORATORY FACILITY	78	184	\$	2,852.75	\$	15.50	.643	Ş	36.57	Ş	9.97
PATHOLOGY	78	184		2,852.75		15.50	.643		36.57		9.97
XO AND OTHERS	0	0	^	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	140	646	\$	29,155.32	\$	45.13	2.259	Ş	208.25	Ş	101.94
CLINIC	111	550		20,224.50		36.77	1.923		182.20		70.72
SURGICENTER	9	61		1,506.24		24.69	.213		167.36		5.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	35		7,424.58		212.13	.122		371.23	_	25.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES !	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	Ρ.	AGE 9,412
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03

----- MONTHLY AVERAGE -----286 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 10 816.95 \$ 74.27 .038 \$ 81.70 \$ 2.86 @ALL OTHER PROVIDERS 11 \$ 38.26 19.13 .007 38.26 DURABLE MED. EQUIP. 1 .13 .000 .00 BLOOD BANK 0 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .000 .00 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 GENETIC DISEASE TESTING 690.00 86.25 .028 86.25 2.41

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

PLACER COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	88.69	88.69	.003	88.69	.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	88.69	88.69	.003	88.69	.31
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	961.20CR \$	961.20	.003CR\$.00 \$	3.36CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,413 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES USE	OC TIMITING						MON		
		\triangle		EXPENDITURES	7 7 7 7 7		UNITS/DAYS	COST PER	COST PER
00 511615155 035.		OF SERVICE YS OF CARE		EVLENDIIOVES		NIT/DAY	PER ELIG	USER	ELIGIBLE
AMOMAI ALI DDOMIDEDO	OR DA	15 OF CARE	ė	0.0	\$.00	.000 \$		\$.00
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0	ې د	.00	ې د		.000		•
	0	0	Ą	.00	Ş	.00			,
OUTPATIENT VISITS	0	0		.00		.00	.000	.00	.00
OFFICE VISITS	0	0				.00		.00	.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 9,414
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
PLACER COUNTY	SUMMARY OF SERVICES FOR	74 FOR FUTURE	USE				
					MONTH	LY AVERAG	E
00 51 10 15 1		CERTIFOE	TIPELID TOTO TOTO	D 7 C D C C C T	DITEC/DITEC	000 000	COCE DED

					11011	TITLL AVEIVA	ندر
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	0	0	ċ	.00	ċ	.00	.000	ċ	.00	ċ	
@HOME HEALTH AGENCY	0	0	\$		\$			\$		Ş	.00
NURSE ANESTHESIST	ŭ		ې د	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0										
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	۶	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES MO		EPORT			DEC		PAGE	9,415
MOP024	FEE-FOR-SERVICE		10 110	311111 01 11111111111111111111111111111	DI 01()	1 1010 01110 2002		DHO	2002		1/17/03
PLACER COUNTY		VICES FOR 74 FOR E	מוזייווי	RE HISE						0.	., 1, 00
12110211 0001111	COLUMN OF OHIC	. 1010 1010 / 1 1010 1	. 0 1 01	001			N	ТОИТН	LY AVERA	FE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/1	ERAGE COST UNI					r per
0.0 1111.011010	CHECO	OR DAYS OF CARE		1171 11VD 1 1 01(U)		R UNIT/DAY PH			USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	0	ON DATE OF CARE		.00	\$.00	.000		.00		.00
GCOUNTIL HODELIAN TOTAL	U	O	Y	.00	Y	• • • •	.000	Y	.00	~	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		0.0		.00
HSC HOSPITALS	0	0		.00		.00	.000		0.0		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		0.0		.00
ACCOMMODATIONS	0	0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		0.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		0.0		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00
	0	0		.00			.000		00		.00
ANCILLARIES	0	0		.00		.00					
INPATIENT CROSSOVERS	0	0				.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
COMM HOSP OUTPATIENT TOTAL	U	0		.00		.00	.000		00		.00
MEDICAL	U	U		.00		.00	.000		00		.00
SURGERY	0	0		.00		.00	.000		0.0		.00
PATHOLOGY	Ü	0		.00		.00	.000		00		.00
RADIOLOGY	0	0		.00		.00	.000		00		.00
ROOM USE	0	0		.00		.00	.000		00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000			\$.00
MENTALLY ILL	0	0		.00		.00	.000		00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		0 C		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.	0 C	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		0 C		.00
LEV B-REHAB MD	0	0		.00		.00	.000		0 C		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		0 C		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		0 C		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		0 C		.00
LEV B-REGULAR	0	0		.00		.00	.000		0 C		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.	0 C	\$.00
ICF DDH	0	0		.00		.00	.000		0.0		.00
ICF DD	0	0		.00		.00	.000		0.0		.00
ICF DDN/DDCN	0	0		.00		.00	.000		00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00				\$.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000		00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00				\$.00
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000		00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00				\$.00
PATHOLOGY	0	0	۲	.00	۲	.00	.000		00	ې	.00
	0	0							00		.00
XO AND OTHERS	0	0	ċ	.00	÷	.00	.000			Ċ	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		00	\$.00
CLINIC	0	0		.00		.00	.000		00		.00
SURGICENTER	U	0		.00		.00	.000		00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU I	DEC 2002		PAGE	9,416
MOP024	FEE-FOR-SERVICE									01	./17/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTUR	E USE							
							MC				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				PER
		OR DAYS OF CAR					PER ELIG	USER			SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		00		.00
BLOOD BANK	0	0		.00		.00	.000		00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,417
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
PLACER COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

FUACEN COUNTI	SOMMANT OF SEN	VICED FOR 15 DOI	AL LEA		AID CODES	014		
						MC	ONTHLY AVERA	AGE
213 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	96	549	\$	24,663.30	\$ 44.92	2.577	\$ 256.91	\$ 115.79
@PHYSICIANS SERVICES	26	58	\$	3,493.97	\$ 60.24	.272	\$ 134.38	\$ 16.40
OUTPATIENT VISITS	18	20		808.60	40.43	.094	44.92	3.80
OFFICE VISITS	4	4		186.80	46.70	.019	46.70	.88
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	11	11		517.56	47.05	.052	47.05	2.43
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5		104.24	20.85	.023	26.06	.49
INPATIENT VISITS	2	4		140.90	35.23	.019	70.45	.66
HOSPITAL VISITS	2	4		140.90	35.23	.019	70.45	.66
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	16		856.65	53.54	.075	856.65	4.02
PRINCIPAL SURGEON	1	2		622.54	311.27	.009	622.54	2.92
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14		234.11	16.72	.066	234.11	1.10
OUTPATIENT SURGERY	3	3		188.05	62.68	.014	62.68	.88
PRINCIPAL SURGEON	3	3		188.05	62.68	.014	62.68	.88

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	Λ		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	7	1 1		1,386.82		126.07	.052		198.12		6.51	
PSYCHIATRY	0	U		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	4	4		112.95		28.24	.019		28.24		.53	
@PHARMACY	62	167	ė		\$	43.57	.784	ċ	117.37	ċ	34.16	
PRESCRIPTION DRUGS	62	167	ې ا	7,276.64	Ą	43.57	.784	Ą	117.37	Ş	34.16	
SNF/ICF	2	15		523.68		34.91	.070		261.84		2.46	
OUTPATIENTS	60	152		6,752.96		44.43	.714		112.55		31.70	
MEDICAL SUPPLIES	0	132		.00		.00	.000		.00		.00	
@DENTIST	15	63	ċ	5,183.00	\$	82.27	.296	Ċ	345.53	Ċ	24.33	
VISITS - DIAGNOSTIC	10	28	7	450.00	۲	16.07	.131	Ą	45.00	۲	2.11	
ORAL SURGERY	1	∠ O 1		45.00		45.00	.005		45.00		.21	
DRUGS	1	1							.00			
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
	0	0					.000				.00	
PERIODONTICS	0	0		.00		.00	.000		.00			
ENDODONTICS	4	0		1,450.00		241.67	.028		362.50		6.81	
RESTORATIVE DENTISTRY	9	28		3,238.00		115.64	.131		359.78		15.20	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	U	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	U	U		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P.F	AGE 9,418	
MOP024	FEE-FOR-SERVICE/DENTA	ь	,				_				01/17/03	

I HACEN COONII	DOMMANT OF DEIN	CVICED FOR	75 551	ALLEM	1/ NIDC		AID CODES	OIV				
								M	CNC	THLY AVERA	GE	
213 ELIGIBLES	USERS	UNITS OF	SERVICE	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	Ξ		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		5	\$	137.75	\$	27.55	.023	\$	68.88	\$.65
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.009		47.45		.45
EYE APPLIANCES	1		3		42.85		14.28	.014		42.85		.20
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17		68	\$	5,232.99	\$	76.96	.319	\$	307.82	\$	24.57
HOSP INPATIENT TOTAL	1		3		3,339.00		1113.00	.014		3339.00		15.68
HSC HOSPITALS	1		3		3,339.00		1113.00	.014		3339.00		15.68
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

PLACER COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	65	1,893.99	29.14	.305	111.41	8.89
MEDICAL	0	0	80.79	.00	.000	.00	.38
SURGERY	2	3	106.88	35.63	.014	53.44	.50
PATHOLOGY	3	27	162.27	6.01	.127	54.09	.76
RADIOLOGY	4	5	713.84	142.77	.023	178.46	3.35
ROOM USE	12	16	541.13	33.82	.075	45.09	2.54
CROSSOVERS/ALL OTH OUTPTNT	7	14	289.08	20.65	.066	41.30	1.36
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 9,419

PLACER COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTI	SUMMARI OF SERVIC	E2 LOK /2 221	AFFE	IAL/NLDC		AID CODES	01/				
212 BITCIDIES	USERS (INITES OF SERVICE	,	EVDENDIBLIDEO	70 7 7 7777		M				
213 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS (JNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAY PER ELIG		USER		OST PER LIGIBLE
ACOMMINITAL HOSDIANI MOMAI	17		Ś	5,232.99					307.82		-
COMM HOSE INDITIENT TOTAL	± / 1	3	Ÿ	3,339.00	Ą	1113 00	.014	۲	3339.00	Ÿ	15.68
HSC HOSPITALS	1	3		3,339.00		1113.00 1113.00	.014		3339.00		15.68
NON-HSC HOSPITALS TOTAL	1 0 0 0 0 0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 0 17	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	17	65		1,893.99		29.14	.305		.00		8.89
MEDICAL	0	0		80.79		.00	.000		.00		.38
SURGERY	2	3		106.88		35.63	.014		53.44		.50
PATHOLOGY	3	27		162.27		6.01	.127		54.09		.76
RADIOLOGY	Δ	5		713.84		142.77	.023		178.46		3.35
ROOM USE	4 12	0 3 27 5 16		541.13		33.82	.075		45.09		2.54
CROSSOVERS/ALL OTH OUTPTNT	7	14		289.08		20.65	.066		41.30		1.36
@STATE HOSPITAL	7 0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	т.	.00	.000	7	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000				.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	•	.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	28	\$	531.99	\$.131	\$		\$	2.50
HOSPITAL BASED	5	28		531.99		19.00	.131		106.40		2.50
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	25	\$	291.21					58.24	\$	1.37
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	5	25 25 0 23 15		291.21		11.65	.117		58.24		1.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	23	\$	1,671.45			.108	Ş		\$	7.85
CLINIC	5	15		338.54		22.57	.070		67.71		1.59
SURGICENTER	U	U		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		1,332.91		166.61	.038		333.23		6.26
#CALIF DEPT OF HEALTH SERV			KES M	ION'I'H-OF'-PAYMENT R	KEPORT	FOR JAN 2	2002 THRU	DEC	2002		
	FEE-FOR-SERVICE/I		3 D D D	INT /NIT DO		7 TD 00D=0	CNI				01/17/03
PLACER COUNTY	SUMMARY OF SERVIO	LES FOR /5 SSI	APPE	AL/NLDC		AID CODES			ערשווע אוח	CE	
212 FITCIBLES	IICEDC I	INTEC OF CEDUTCE	,	EADENDIMIDEC	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7		M				

213 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	112 \$	844.30	\$ 7.54	.526 \$	84.43	\$ 3.96
DURABLE MED. EQUIP.	1	1	96.98	96.98	.005	96.98	.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	93	584.63	6.29	.437	292.32	2.74
AMBULANCES/AIR TRANS	2	93	584.63	6.29	.437	292.32	2.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	67.08	8.39	.038	16.77	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.005	9.83	.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	9	85.78	9.53	.042	42.89	.40
@CALIF. CHILDREN SERVICES*	1	1 \$	48.36	\$ 48.36	.005 \$	48.36	\$.23
@XOVER EXCLUDING STATE HOSP**	6	20 \$	362.12	\$ 18.11	.094 \$	60.35	\$ 1.70

 $[\]ensuremath{\emptyset}^{\star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,421
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MON	NTHLY AVERA	GE -	
199,460 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	114,045	2,044,757	\$	74,074,192.78	\$ 36.23	10.251	\$ 649.52	\$	371.37
@PHYSICIANS SERVICES	42,401	115,937	\$	4,864,223.68	\$ 41.96	.581	\$ 114.72	\$	24.39
OUTPATIENT VISITS	29,160	41,953		1,567,671.44	37.37	.210	53.76		7.86
OFFICE VISITS	20,810	27 , 925		893,343.93	31.99	.140	42.93		4.48
HOME VISITS	82	117		4,092.73	34.98	.001	49.91		.02
EMERGENCY ROOM	6 , 750	8,001		381,774.96	47.72	.040	56.56		1.91
PREVENTIVE CARE	24	24		958.73	39.95	.000	39.95		.00
OB VISITS/COMPRE PERI	1,764	3,063		218,967.03	71.49	.015	124.13		1.10
OTHER OUTPATIENT	2,392	2,823		68,534.06	24.28	.014	28.65		.34
INPATIENT VISITS	1,887	7 , 599		384,072.08	50.54	.038	203.54		1.93
HOSPITAL VISITS	1,689	6 , 631		287,571.56	43.37	.033	170.26		1.44
CRITICAL CARE	161	726		88,461.42	121.85	.004	549.45		. 44
SNF/ICF/TRANS IP CARE	168	242		8,039.10	33.22	.001	47.85		.04
OPHTHALMOLOGICAL SERVICES	246	281		11,308.16	40.24	.001	45.97		.06
EXAMINATIONS	225	258		11,127.66	43.13	.001	49.46		.06
SERVICES AND MATERIALS	23	23		180.50	7.85	.000	7.85		.00

INPATIENT HOSPITAL SURGERY	1,725	8,510	1,048,682.00			607.93	5.26
PRINCIPAL SURGEON	1,173	1,591	846,946.20	532.34	.008	722.03	4.25
ASSISTANT SURGEON	228 680	236	43 843 89	185 78	.001	192 30	22
ASSISTANT SURGEON ANESTHESIOLOGIST	680	6.683	157,891.91	185.78 23.63	.034	232.19	.79
OUTPATIENT SURGERY	2,915	6 , 597	480,912.34	72.90	.033	164.98	2.41
PRINCIPAL SURGEON	2.401	2,980	378,848.96			157.79	
ASSISTANT SURGEON	. 36	36	4,002.21			111.17	
ANESTHESIOLOGIST	728	3,581	98.061.17	127.13 111.17 27.38	.018	134.70	. 49
DIALYSIS	74	267	22,323.38	111.17 27.38 83.61	.001	301.67	.11
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	3,932	5,623	86,894.90	15.45	.028	22.10	.44
RADIOLOGY	7,950	13,848		48.04	.069	83.67	
PSYCHIATRY	375	426	14,592.17	34.25	.069 .002 .020	38.91	.07
IMMUNIZATION AND INJECTION	1,207	3,943	91,070.76	2J.1U	.020	38.91 75.45	.46
OTHER SERVICES/ALL X-OVERS	9.098	26.890	491.505.92	18.28	.135	54.02	2.46
@PHARMACY	73,342	560,486 \$	20,696,687.65	\$ 36.93	2.810		\$ 103.76
PRESCRIPTION DRUGS	72,707		19,087,317.74		1.340	262.52	95.69
SNF/ICF	6,975	43,789	2,077,808.32	47.45	. 220	297.89	10.42
OUTPATIENTS	66,248	223,509	17,009,509.42	76.10	1.121	256.76	85.28
MEDICAL SUPPLIES	4,379	293 , 188	1,609,369.91	5.49	1.470	367.52	8.07
@ DE NUT I SU	12 882	54 653 \$	2,159,351.19	\$ 39.51	.274	\$ 167.63	\$ 10.83
VISITS - DIAGNOSTIC	8,891	34,205	512,996.20	15.00 50.93	.171	57.70	2.57
ORAL SURGERY	1,539	3,460	176,213.61	50.93	.017	114.50	.88
DRUGS	358	395	9,080.00		.002	25.36	.05
VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	62	63	5,650.00	89.68	.000	91.13	.03
PERIODONTICS	360	469	66,000.00 289.382.64	140.72 171.94	.002	183.33	.33
ENDODONTICS	983	1,683	289,382.64	171.94	.008	294.39	1.45
RESTORATIVE DENTISTRY	4.442	11,710	832,905.30	140.72 171.94 71.13	.059	187.51	4.18
PROSTHETICS	78	81	2,125.00	26.23	.000	27.24	
DENTURES, STAYPLATES	653	1,617	197,750.25	122.29	.008	302.83	.99
SPACE MAINTAINERS	71	86	10,955.93	127.39 51.83	.000	154.31 61.55	.05
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	32	3.8	1,969.49	51.83	.000	61.55	.01
FRACTURES, DISLOCATIONS	2		1,690.00			845.00	
ORTHODONTIC SERVICES	394	546	51,072.77	93.54	.003	129.63	.26
ALL OTHER SERVICES	175	297	1,560.00	5.25	.001	8.91	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 9,422
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/17/03
PLACER COUNTY	SUMMARY OF SERV	VICES FOR 80 TOTAL	CERTIFIED				
					MOI	NTHLY AVERA	GE
199,460 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	3,109	8,463 \$	192,511.01	\$ 22.75	.042	\$ 61.92	\$.97
DIAGNOSTIC AND ANC. PROCED	1.784	1.801			.009	46.53	. 42

199,460 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,109	8,463	\$ 192,511.01	\$ 22.75	.042	\$	61.92	\$.97
DIAGNOSTIC AND ANC. PROCED	1,784	1,801	83,004.18	46.09	.009		46.53	.42
EYE APPLIANCES	2,222	6 , 215	99,355.45	15.99	.031		44.71	.50
OTHER OPTOMETRIC SERVICES	318	447	10,151.38	22.71	.002		31.92	.05
@CHIROPRACTOR	451	739	\$ 12,102.59	\$ 16.38	.004	\$	26.84	\$.06
VISITS	434	709	11,703.50	16.51	.004		26.97	.06
OTHER SERVICES	17	30	399.09	13.30	.000		23.48	.00
@PODIATRIST	1,383	2,143	\$ 33,571.29	\$ 15.67	.011	\$	24.27	\$.17
MEDICINE/INJECTIONS	211	251	7,138.82	28.44	.001		33.83	.04
SURGERY/ANES.	39	49	2,975.50	60.72	.000		76.29	.01
RADIO./PATHOLOGY	24	26	450.29	17.32	.000		18.76	.00
OTHER	1,167	1,817	23,006.68	12.66	.009		19.71	.12
@HOME HEALTH AGENCY	414	27,307	\$ 914,715.34	\$ 33.50	.137	\$	2209.46	\$ 4.59
NURSE ANESTHESIST	18	225	\$ 999.68	\$ 4.44	.001	\$	55.54	\$.01
NURSE MIDWIFE	48	254	\$ 15,151.61	\$ 59.65	.001	\$	315.66	\$.08
PEDIATRIC NURSE PRACTITIONER	1	2	\$ 56.03	\$ 28.02	.000	\$	56.03	\$.00

FAMILY NURSE PRACTITIONER	30	48	\$,	\$	25.45	.000			.01
@TOTAL HOSPITAL	16,978	88 , 550	\$	13,081,866.71	\$	147.73	.444		\$	65.59
HOSP INPATIENT TOTAL	2,082	10,724		11,132,196.87		1038.06	.054	5346.88		55.81
HSC HOSPITALS	1,137	5 , 315		5,974,588.93		1124.10	.027	5254.70		29.95
NON-HSC HOSPITAL TOTAL	629	3,246		4,870,555.36		1500.48	.016	7743.33		24.42
ACCOMMODATIONS	629	3,246		1,785,638.87		550.10	.016	2838.85		8.95
ADMINISTRATIVE DAYS	37	385		86,975.35		225.91	.002	2350.69		. 44
TRANSITIONAL IP CARE	0	0		25.17		.00	.000	.00		.00
ALL OTHER ACCOM	599	2,861		1,698,638.35		593.72	.014	2835.79		8.52
ANCILLARIES	628	_, -, -		3,084,916.49		.00	.000	4912.29		15.47
INPATIENT CROSSOVERS	347	2,163		286,181.58		132.31	.011	824.73		1.43
ALL OTHER INPATIENT	1	2,100		871.00		.00	.000	871.00		.00
HOSP OUTPATIENT TOTAL	15 , 577	77,826		1,949,669.84		25.05	.390	125.16		9.77
MEDICAL	2,159	3,237		117,418.21		36.27	.016	54.39		.59
SURGERY	1,461	1,650		89,650.13		54.33	.008	61.36		.45
PATHOLOGY	5,434	24,408		246,164.88		10.09	.122	45.30		1.23
RADIOLOGY	3,847	5,507		386,543.43		70.19	.028	100.48		1.94
ROOM USE	10,331	13,909		554,018.27		39.83	.070	53.63		2.78
CROSSOVERS/ALL OTH OUTPTNT		29,115		555,874.92		19.09	.146	77.68		2.79
	94	29 , 113 507	\$		Ċ	395.85		\$ 2135.04	ċ	1.01
@COUNTY HOSPITAL TOTAL			Ş	200,693.88	Ą				Ş	.94
CO HOSPITAL INPATIENT TOTAL	9	165		188,020.48		1139.52	.001	20891.16		
HSC HOSPITALS		165		188,020.48		1139.52	.001	20891.16		.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	88	342		12,673.40		37.06	.002	144.02		.06
MEDICAL	35	43		1,706.65		39.69	.000	48.76		.01
SURGERY	7	14		863.32		61.67	.000	123.33		.00
PATHOLOGY	31	119		2,022.02		16.99	.001	65.23		.01
RADIOLOGY	11	18		2,528.19		140.46	.000	229.84		.01
ROOM USE	57	83		3,341.79		40.26	.000	58.63		.02
CROSSOVERS/ALL OTH OUTPTNT	34	65		2,211.43		34.02	.000	65.04		.01
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPOR				P	AGE 9,423
MOP024	FEE-FOR-SERVICE							220 2002	-	01/17/03
PLACER COUNTY		VICES FOR 80 TOT	AT. CE	RTIFIED						01/1//00
TEMODIC GOOMT	DOILING OF DER	VIOLO 1010 00 101	01	111111111111111111111111111111111111111			M	ONTHLY AVERA	GE	
199,460 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	2/17	TRACE COST		S COST PER	-	COST PER
199,400 00101000	0.0117.0	OR DAYS OF CAR		ENLENDITONES		R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,898	88,043	Ė Š	12,881,172.83		146.31	.441			64.58
COMM HOSP INPATIENT TOTAL	2,073	10,559	Y	10,944,176.39	۲	1036.48	.053	5279.39	Y	54.87
		•				1123.61	.033	5129.94		29.01
HSC HOSPITALS	1,128	5,150		5,786,568.45		1173.01	. U ∠ 6	5129.94		∠9.01

199,460 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,898	88,043 \$	12,881,172.83	\$ 146.31	.441 \$	762.29	\$ 64.58
COMM HOSP INPATIENT TOTAL	2,073	10,559	10,944,176.39	1036.48	.053	5279.39	54.87
HSC HOSPITALS	1,128	5,150	5,786,568.45	1123.61	.026	5129.94	29.01
NON-HSC HOSPITALS TOTAL	629	3,246	4,870,555.36	1500.48	.016	7743.33	24.42
ACCOMMODATIONS	629	3,246	1,785,638.87	550.10	.016	2838.85	8.95
ADMINISTRATIVE DAYS	37	385	86,975.35	225.91	.002	2350.69	.44
TRANSITIONAL IP CARE	0	0	25.17	.00	.000	.00	.00
ALL OTHER ACCOM	599	2,861	1,698,638.35	593.72	.014	2835.79	8.52
ANCILLARIES	628	0	3,084,916.49	.00	.000	4912.29	15.47
INPATIENT CROSSOVERS	347	2,163	286,181.58	132.31	.011	824.73	1.43
ALL OTHER INPATIENT	1	0	871.00	.00	.000	871.00	.00
COMM HOSP OUTPATIENT TOTAL	15,502	77,484	1,936,996.44	25.00	.388	124.95	9.71
MEDICAL	2,126	3,194	115,711.56	36.23	.016	54.43	.58

SURGERY	1,454	1,636	88,786.81	54.27	.008	61.06	.45
PATHOLOGY	5,405	24,289	244,142.86	10.05	.122	45.17	1.22
RADIOLOGY	3,836	5,489	384,015.24	69.96	.028	100.11	1.93
ROOM USE	10,282	13,826	550,676.48	39.83	.069	53.56	2.76
CROSSOVERS/ALL OTH OUTPINT	7,123	29,050	553,663.49	19.06	.146	77.73	2.78
@STATE HOSPITAL	20	365	\$ 172,770.72	\$ 473.34	.002	\$ 8638.54	\$.87
MENTALLY ILL	8	0	12,513.82	.00	.000	1564.23	.06
DEVELOP. DISABLED	12	365	160,256.90	439.06	.002	13354.74	.80
@NURSING FACILITY	7,409	236,535	\$ 22,138,857.52	\$ 93.60	1.186	\$ 2988.10	\$ 110.99
LEV A-INTERMEDIATE	475	15,755	738,771.66	46.89	.079	1555.31	3.70
LEV B-REHAB MD	30	856	84,675.85	98.92	.004	2822.53	.42
LEV B-SUBACUTE FREESTANDING	2	30	9,841.50	328.05	.000	4920.75	.05
LEV B-SUBACUTE HSPTL BASED	23	1,237	578,349.84	467.54	.006	25145.65	2.90
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,894	218,657	20,727,218.67	94.79	1.096	3006.56	103.92
@INTERMEDIATE CARE FACILDD	511	15,637	\$ 2,425,433.69	\$ 155.11	.078	\$ 4746.45	\$ 12.16
ICF DDH	217	6,662	922,054.99	138.41	.033	4249.10	4.62
ICF DD	6	182	23,452.52	128.86	.001	3908.75	.12
ICF DDN/DDCN	288	8 , 793	1,479,926.18	168.31	.044	5138.63	7.42
@HEMODIALYSIS TOTAL	381	6 , 371	\$ 418,710.72	\$ 65.72	.032	\$ 1098.98	\$ 2.10
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	381	6 , 371	418,710.72	65.72	.032	1098.98	2.10
@REHABILITATION FACILITY	49	171	\$ 5,483.81	\$ 32.07	.001	\$ 111.91	\$.03
HOSPITAL BASED	43	148	4,893.14	33.06	.001	113.79	.02
INDEPENDENT FACILITY	6	23	590.67	25.68	.000	98.45	.00
@LABORATORY FACILITY	9,053	30,110	\$ 418,309.37	\$ 13.89	.151	\$ 46.21	\$ 2.10
PATHOLOGY	9,029	30,018	418,127.05	13.93	.150	46.31	2.10
XO AND OTHERS	24	92	182.32	1.98	.000	7.60	.00
@ORGANIZED OUTPATIENT CLINIC	11,040	23,436	\$ 2,765,929.14	\$ 118.02	.117	\$ 250.54	\$ 13.87
CLINIC	2,359	8 , 573	254,367.42	29.67	.043	107.83	1.28
SURGICENTER	331	1 , 657	66,918.20	40.39	.008	202.17	.34
HEROIN DETOX CLINIC	4	76	889.60	11.71	.000	222.40	.00

RURAL HEALTH CLINIC 8,450 13,130 2,443,753.92 186.12 .066 289.20 12.25 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 9,424 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

PLACER COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PLACER COUNTY	SUMMARY OF SERV.	ICES FOR 80 TOTA	AL CEI	KTIFIED				
						MON		-
199,460 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14,744	873 , 325	\$	3,756,239.24	\$ 4.30	4.378		
DURABLE MED. EQUIP.	1,401	5 , 469		705,621.61	129.02	.027	503.66	3.54
BLOOD BANK	3	30		492.00	16.40	.000	164.00	.00
HEARING AID DISPENSERS	45	68		17,540.55	257.95		389.79	.09
MEDICAL TRANSPORTATION	2,544	129 , 934		564,669.71	4.35	.651	221.96	2.83
AMBULANCES/AIR TRANS	1,088	13,772		199,818.84	14.51	.069	183.66	1.00
OTHER TRANS	1,370	114,589		332,368.73	2.90	.574	242.60	1.67
OTHER SERVICES	141	1,573		32,482.14	20.65	.008	230.37	.16
ACUPUNCTURE	40	92		1,590.90	17.29	.000	39.77	.01
ADULT DAY HEALTH CARE CTR	998	14,854		988,435.60	66.54	.074	990.42	4.96
GENETIC DISEASE TESTING	569	573		49,736.50	86.80	.003	87.41	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	282	6 , 995		285,562.76	40.82	.035	1012.63	1.43
OCCUPATIONAL THERAPIST	23	296		1,973.98	6.67	.001	85.83	.01
OPTICIAN	2,531	5,604		61,552.70	10.98	.028	24.32	.31
PHYSICAL THERAPIST	62	787		9,580.52	12.17	.004	154.52	.05
PORTABLE X-RAY	26	50		406.01	8.12	.000	15.62	.00
PROSTHETIST/ORTHOTISTS	331	724		60,837.10	84.03	.004	183.80	.31
PROSTHETICS	313	700		59,437.95	84.91	.004	189.90	.30
ORTHOTICS	19	24		1,399.15	58.30	.000	73.64	.01
PSYCHOLOGIST	43	121		4,319.78	35.70	.001	100.46	.02
SPEECH AND AUDIOLOGY	1,406	4,956		252,201.33	50.89	.025	179.38	1.26
HOSPICE SERVICES	81	2,004		226,062.48	112.81	.010	2790.89	1.13
NONINST BIRTHING CENTERS	2	2		1,857.23	928.62	.000	928.62	.01
LOCAL EDUCATION AGENCIES	2,762	57 , 585		215,514.39	3.74	.289	78.03	1.08
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2 , 759	643 , 181		308,284.09	.48	3.225	111.74	1.55
@CALIF. CHILDREN SERVICES*	1,319	27,607	\$	2,379,103.78	\$ 86.18	.138	1803.72	\$ 11.93
@XOVER EXCLUDING STATE HOSP**	10,062	88,886	\$	1,367,073.14	\$ 15.38	.446	135.86	\$ 6.85
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^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.